10-5-25480 G

HTE# 10-5-25489 H

Harnett County Department of Public Health

26308

Im	pr	0٧	en	nent	: Pe	rmit

A	building	permit	cannot l	be issued	with	only	an Improvement	Permit
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PROPERTY LOLA	110N: Gretterne	X.		
ISSUED TO: Charles D. Blockwell SUBDIVISION			LOT #	
	Site Improvements required pri	or to Construction Authori	zation Issuance:	
Type of Structure: $SFO e4X91$		······································		
Proposed Wastewater System Type: AS To Reduct on System				
Projected Daily Flow: <u>480</u> GPD				
Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u> max				
Basement 🗆 Yes 🕑 No				
Pump Required: Tyes I No I May be required based on final location and eleva	ations of facilities			
Type of Water Supply: Community Public Well Distance from well	feet	Permit valid for:	Five years	
Permit conditions:			🗀 No expiration	
	/_/			
Authorized State Agent: 12 My My Rell Date:	11/17/2010	107/2010 SEE ATTACHED SITE SKETCH		
The first of the the December of the investor of other permitter The permit	t holder is responsible for checking with	appropriate governing hodies in	meeting their requirements	

The issuance of this permit by the Health Department in no-way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Charles D. Blac	Kwell PROPERTY LOCATION: Gr	Finde	
	SUBDIVISION		LOT #
Facility Type:FD	🗹 New 🗆 Expansion 🗆 Repair		
Rasement? Yes P No Baseme	nt Fixtures? 🔲 Yes 🔛 No	2.	f fl as
Type of Wastewater System** 2573	Reduction System	(Initial) Wastewater Flow: $\underline{\mathscr{Y}}$	<u> </u>
(See note below, if applicable □) Rup to	- 25% Leduction System (Repair)		
Installation Requirements/Conditions		0	
Septic Tank Size _/ COO gallons	Exact length of each trench 300 feet	Trench Spacing: <u>9</u> Fee	et on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>12</u> inch	es
	Maximum Trench Depth of: <u>24</u> inches	(Maximum soil cover shall not	exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	in all directions)		
Pump Requirements:ft. TDH vs	GPM		inches below pipe
Conditions: Permit based on Jo		Aggregate Depth:	inches above pipe inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

** If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: Date:					
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This					
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.					
Authorized State Agent: Authorization Authorization Expiration Date: 11/17/2015					

