HTE#<u>/2-5-29107</u>

Harnett County Department of Public Health

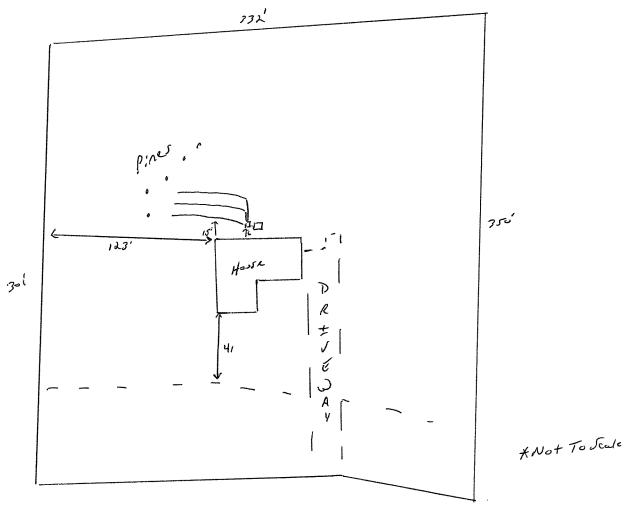
26948

Improvement Permit

A buildi	ng permit cannot be issued with only an l	mprovement Permit	
ISSUED TO: Dustin Blackwell	PROPERTY LOCATION:	arrington Rd.	LOT # B
NEW REPAIR A EXPANSION		wements required prior to Construction Au	
Type of Structure: SFD 60X71			
Proposed Wastewater System Type: 257. Reduction	1 System		
Projected Daily Flow: GPD	, 		
Number of bedrooms: Number of Occupants:	<u> </u>		
Basement 🗆 Yes 🖬 No 🖉			
	sed on final location and elevations of fac		
	Well Distance from well	feet Permit valid for	'
Permit conditions:			🔲 No expiration
		1	
Marine Marine	, LEHS Date: 6/2	1 / 2 0/ 2	
Authorized State Agent:			ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes.			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of thi	s permit		
	Construction Authoriza	tion	
	(Required for Building Permit		
The construction and installation requirements of Rules .1950, .1952, .1954, .19			stems shall be installed in accordance
with the attached system layout.			
issued to: <u>Dustin Blackwell</u>	DRADERTY LOCATION	He si nota Rel	
ISSUED TU: / LCR WEIT		- Ther They the rea	IOT H R
Facility Type:			lot # <u><i>B</i></u>
Facility Type: <u>SFD</u>	New Expansion	∃ Repair	
Basement? I Yes I No Basement Fixtures?	L'Yes L'No		2(1)
Type of Wastewater System** _ 25 %. Reduce	For System	(Initial) Wastewater Flo	ow: <u>560</u> GPD
(See note below, if applicable \Box)			
	in Syster (Repair)		
	nber of trenches	6	
	ct length of each trench <u>5</u> 0	feet Trench Spacing:	Feet on Center
Pump Tank Size gallons Tree	nches shall be installed on contour at a	a Soil Cover: <u>6-18</u>	inches
Max	imum Trench Depth of: <u>ノ 8 - 3 0</u>	inches (Maximum soil cover sh	all not exceed
(Tre	nch bottoms shall be level to +/-1/4'	' 36" above the trench	bottom)
in a	ll directions)		,
Pump Requirements:ft. TDH vs GP			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:		00 0 F F	inches total
WATED LINES (INCLUDING IDDICATION) MUST DE 10	ET EDAM ANV DADT AE CEDTIC CVG		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10		DILM UN NEFAIN ANEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN	FIELD AKEA.		

**If applicable: / understand the system type specified is different from the type specified on the application. I act	ccept 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 trans	sferred 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. SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: 6 Construction Authorization Expiration Date:	6/22/2017

HTE# <u>12-5-29107</u> Harnett County	Departme	ent of Pu	blic Health	
	Site Ske	tch		
ISSUED TO: Dustin Blackwell Authorized State Agent: Augun Marin,	PROPERTY LOCATON: SUBDIVISION LEAS		6/22/2012	-



Harrington Rd.