29986

| HTE# | |
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Harnett County Department of Public Health

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit |
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| ISSUED TO: DUSTED Blackwell SURDIVISION By Charles Lake 107 # 770 32 |
| NEW DEPARTS TO STANKING TO STANKING TO THE STANKING THE |
| NEW REPAIR EXPANSION EXPANSION Site Improvements required prior to Construction Authorization Issuance: 222 Type of Structure: DEW SED Demoksture |
| |
| |
| Projected Daily Flow: 3/60 GPD |
| Number of bedrooms: Number of Occupants: max Basement Yes No |
| Pump Required: 🗆 tes 🗆 No 🗆 May be required based on final location and elevations of facilities |
| Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years |
| Powerit and discour |
| remit conditions: No expiration |
| SIA DOE, VSUS |
| Australia Costs Front |
| 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 revocati on 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: |
| |
| SUBDIVISION Buffalox (Als LOT # 220, 22 |
| Facility Type: NGW SPD New Expansion Repair Repai |
| Basement? Yes No Basement Fixtures? Yes No Denolution to Way STD |
| Type of Wastewater System** (Initial) Wastewater Flow: 360 GPD |
| (See note below, if applicable \square) |
| Expression (Repair) |
| Installation Requirements/Conditions Number of trenches |
| 1004 |
| |
| Pump Tank Size / 200 gallons Trenches shall be installed on contour at a Soil Cover: inches |
| Maximum Trench Depth of: inches (Maximum soil cover shall not exceed |
| (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) |
| in all directions) |
| D. D. ' TRU COU |
| mater below pipe |
| Conditions: NEW TANKS TO EXISTENCE System Depth: inches above pipe |
| Conditions: NEW (ANKS 10 EXISTER System inches total |
| 0 1 |
| VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. |
| IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. |
| TO UTILITIES ALLOWED IN INITIAL OK KETAIK DKAIN FIELD AKEA. |
| *If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. |
| 77 77 The specifications of this perinit. |
| Owner/Legal Representative Signature: Date: |
| his 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 |
| onstruction Authorization is subject to revocation in the site plan, piat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This |
| onstruction 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. |
| 2 M / QUEAB |
| outhorized State Agent: Date: 11-14-18 |
| Construction Authorization Expiration Date: 11-14-7-3 |
| VOIDERCTION PRODUCTION FAULUTI LAUTER DATE. |

| ITF# | |
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| HTE# | Permit # 29986 |
| | 1100 |

Harnett County Department of Public Health Site Sketch

ISSUED TO: DUSTIN Blackwell SUBDIVISION BURGER Laber 100

Authorized State Agent: Date: 11/14/8

Date: 11/14/8

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