Harnett County Department of Public Health

Improvement Permit

A building peri	PROPERTY LOCATION: 2659 NC 875		
ISSUED TO: Phalanx timess LLC	SUBDIVISION LOT #		
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: Formess Center			
Proposed Wastewater System Type: pump To 25% red	UCTION		
Projected Daily Flow: 1500 GPD			
Number of bedrooms: Number of Occupants:	<u>O</u> _max		
Basement Yes No			
	final location and elevations of facilities		
,, ,, , , , , , , , , , , , , , , , , ,	Distance from wellfeet Permit valid for: ☐ Five years		
Permit conditions:	No expiration		
/ , M			
Authorized State Agent:: /yal & RE	HC Date: 10.4-23 SEE ATTACHED SITE SKETCH		
	ce of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This		
	provement 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			
<u>C</u>	onstruction Authorization		
	(Required for Building Permit)		
	56, .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: Phalanx Fitness LLC	PROPERTY LOCATION: 2659 NC 875		
	SUBDIVISION LOT #		
Facility Type: Fitness Center \	New Expansion Repair		
Basement? Yes No Basement Fixtures?			
Type of Wastewater System** — Pump 70 25	(Initial) Wastewater Flow: 1508 GPD		
(See note below, if applicable ((Initial) Wastervater Flow.		
Puna TO 252	Z reduction (Repair)		
	of trenches 1		
	gth of each trench 625 feet Trench Spacing: 9 Feet on Center		
	shall be installed on contour at a Soil Cover: 6 inches		
Maximum	Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed		
	oottoms shall be level to +/-1/4" 36" above the trench bottom)		
in all dir			
Pump Requirements:ft. TDH vsGPM	inches below pipe		
rump requirementsit. 10ft 45Grif	Aggregate Depth:inches above pipe		
Conditions:	inches total		
conditions.	mercs total		
WATER LINES (INCLUDING IRRIGATION) MUST BE JOST E	DOM ANY DADT OF CEPTIC CYCTEM OR REPAIR AREA		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. F			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIEL	D AREA.		
**If applicable: I understand the system type specified is different	t from the type specified on the application. I accept the specifications of this permit.		
Owner/Legal Representative Signature:	Date:		
	ended 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.			
11/1/			
Authorized State Agent: Pal UEHS Date: 10-4-23			
MULIIVITZEU STATE ABEITT.	Authorized State Agent: Date: 10-4-23 Construction Authorization Expiration Date: 10-4-28		
Construction Authorization Expiration Date:			

Harnett County Department of Public Health Site Sketch

Property Location: 2659 NC 875 Issued To: Walkan x Fitness IC Subdivision Location	* #
	ot #
Authorized State Agent: Mal AEH Date: 10-6	:1- 23
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↔	
310	
FUTUIL repair Arna	
50	, →×
D 180 Max Capacity	
a FITARSS	
Le Center	
This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and r	egulations.