

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: HeH Const. PROPERTY LOCATION: 1125 SUBDIVISION: FOREST OAKS LOT #: 199
Type of Structure: SFD-44x61-3BR
Proposed Wastewater System Type: 25% Reduction system
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement: No
Pump Required: No
Type of Water Supply: Public
Permit conditions: Stub out plumbing shallow at ground level or higher where shown. maintain all setbacks meet code

Authorized State Agent: [Signature] Date: 02-12-08 SEE ATTACHED SITE SKETCH
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: HeH Const. PROPERTY LOCATION: 1125 SUBDIVISION: FOREST OAKS LOT #: 199
Facility Type: SFD-44x61-3BR New
Basement: No
Type of Wastewater System: 25% Reduction sys. (Initial)
Wastewater Flow: 360 GPD
(See note below, if applicable) 25% Reduction Sys. (Repair)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons
Pump Tank Size: _____ gallons
Exact length of each trench: 1x180 feet
Trenches shall be installed on contour at a Maximum Trench Depth of: 18.24 inches
Trench Spacing: 9 Feet on Center
Soil Cover: 6 inches
(Pump Requirements: _____ ft. TDH vs. _____ GPM)
Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ inches total

**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.

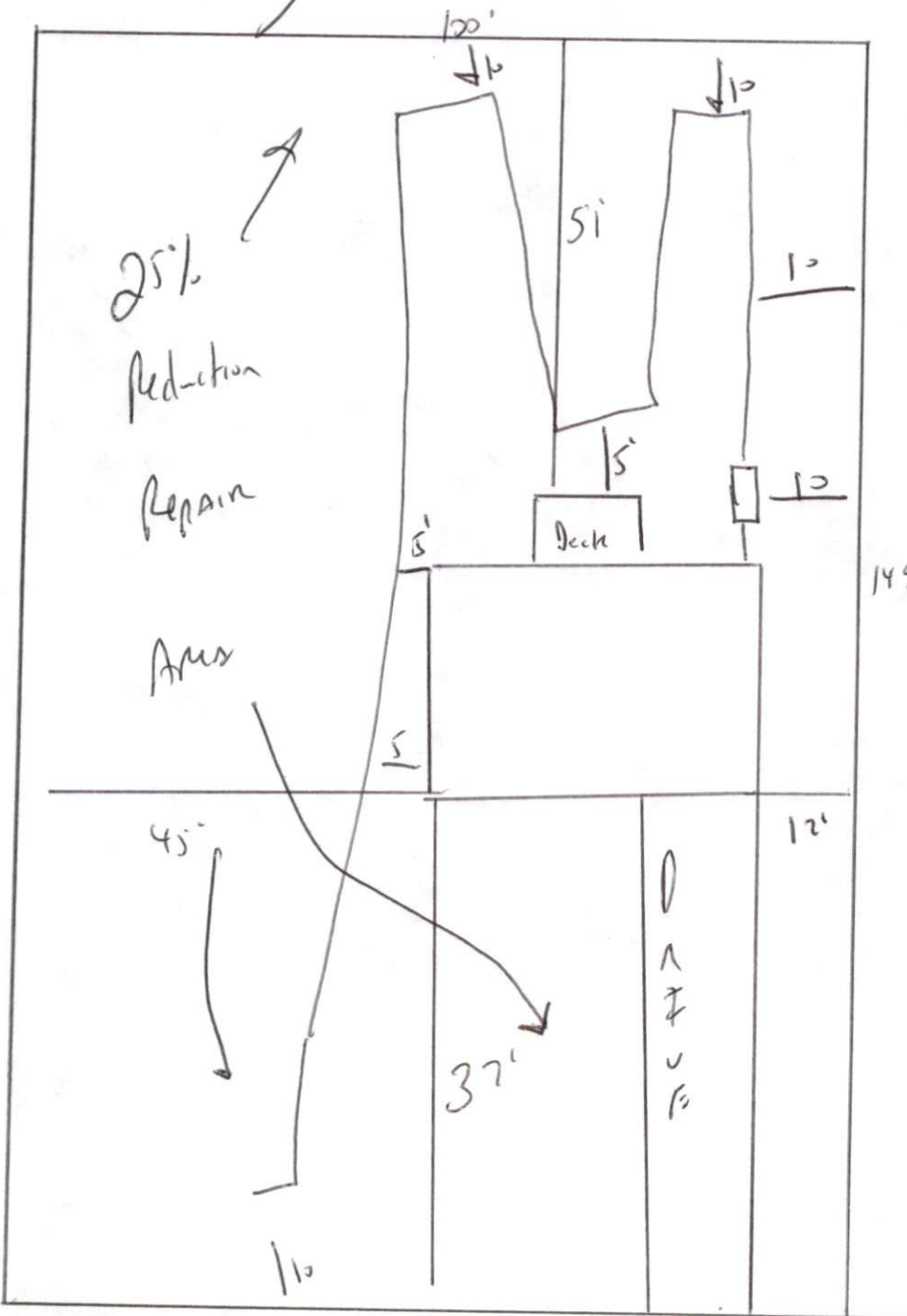
Authorized State Agent: [Signature] Date: 02-12-08 SEE ATTACHED SITE SKETCH
Construction Authorization Expiration Date: 02-12-2013

HTE# 07500-18797R

Permit # 24469

Harnett County Department of Public Health Site Sketch

ISSUED TO: HeH Const. PROPERTY LOCATOR: 1125
 SUBDIVISION: FORCIT OAKS LOT # 199
 Authorized State Agent: J. L. [Signature] Date: 02-12-08



STUB OUT
 Plumbing
 Shallow, at
 ground level or
 higher
 maintain all
 set backs
 Install 1x180
 of 25% Reduction
 System at
 18 to 24" Deep

Rd 102