HTE# 08-505-19287 RHarnett County Department of Public Health

24762

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 12 T Lad SUBDIVISION FOREIT DOKS LOT # 1 Site Improvements required prior to Construction Authorization Issuance: Projected Daily Flow: Number of bedrooms: ___ Number of Occupants: Basement Yes No Pump Required: □Yes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well 50 feet Permit valid for:

Permit conditions: STUB Out Plum-by Shallow At saw level of higher where Shallow Applications All 1847 Achil Meet. Five years ☐ No expiration Authorized State Agent:: _____ Date: <u>のそっ</u>りっつり 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 blan, 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. 'Avincy i Land property location: 1123 SUBDIVISION FOR TOAKS Facility Type: SFD-48x48-439 New Expansion Repair Basement? Type of Wastewater System** 250/2 Reduction System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable) Installation Requirements/Conditions Number of trenches Exact length of each trench 345 feet Trench Spacing: _______ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 1824 (Maximum soil cover shall not exceed (Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM _____ inches below pipe Aggregate Depth: ______ inches above pipe **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: 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. SEE ATTACHED SITE SKETCH Date: () Authorized State Agent:

Construction Authorization Expiration Date:

HTE# 08-500-19287R

Permit # <u>24762</u>

Harnett County Department of Public Health Site Sketch

ISSUED T	0: Cavincis Land	PROPERTY LOCATON: 1/25SUBDIVISION FORES	T DAKS LOT#_//3
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