HTE# 08500-19288 CK Harnell County Department of Public health

24763

SEE ATTACHED SITE SKETCH

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1125 SUBDIVISION FOREST DAKS Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% Reduction S.S. 7BR ON 85-06.0X Projected Daily Flow: 480360 GPD Number of bedrooms: 3 Number of Occupants 5 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 Plumbing Shallow, At GROWN Jewel or Five years Authorized State Agent:: OS-26-08 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 FD-4818-400 | PROPERTY LOCATION: 1/25

SUBDIVISION | FOREST DAK LOT# AUINCSS Land 365 Basement Fixtures?

Yes Basement? Yes Type of Wastewater System** (See note below, if applicable (S) Installation Requirements/Conditions Number of trenches \ Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18.24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-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

Authorized State Agent: (Construction Authorization Expiration Date:

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.

HTE# D8-500-19288RR

Permit # 24763

Harnett County Department of Public Health Site Sketch

Authorized State Agent:	PROPERTY LOCATON: SUBDIVISION	1125 FOREST OAK. Date: 04.2 Revised 05-0	5-08 5-08
101			,
Reph.	3 & BR 32+33	The At or St. 150 C.	MB OF Mbing Shallow GROUND Jovel Thigher Where SUN- AINTAIN All HBACKS Nect ansite F. WAI LAYOUT J-TAIL 25 /3 Reduction Stem At 18 to 24"