

**Improvement Permit**

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Caviness Land PROPERTY LOCATION: 1125  
 NEW  REPAIR  EXPANSION  SUBDIVISION: Forest Oaks LOT # 145  
 Type of Structure: SFO-48x48-3BR Site Improvements required prior to Construction Authorization Issuance: Revised To 3BR on 3-24-09 JFL  
 Proposed Wastewater System Type: Pump + 25% Red. Syst.  
 Projected Daily Flow: ~~480~~ GPD 360  
 Number of bedrooms: 3 Number of Occupants: 86 max  
 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:  Five years  
 Permit conditions: meet onsite for final layout maintain  
3 BR Install 180 + 25% Reduction System  No expiration  
 Authorized State Agent: J. W. L... Date: 4-23-08 / 2-24-09 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: Caviness Land PROPERTY LOCATION: 1125  
 Facility Type: SFO-48x48-3BR  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* Pump + 25% Reduction system (Initial) Wastewater Flow: \_\_\_\_\_ GPD  
 (See note below, if applicable ) 25% Reduction SYSTEM (Repair)

**Installation Requirements/Conditions**

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u> <u>180</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size <u>1000</u> gallons	Exact length of each trench <u>250</u> feet	Soil Cover: <u>6</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>18.24</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/- 1/4" in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe
Conditions: _____		_____ 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.

SEE ATTACHED SITE SKETCH

Authorized State Agent: J. W. L... Date: 04-23-08 02-24-09  
 Construction Authorization Expiration Date: 04-23-2013 02-24-2014

HTE# 08-500-19292R ER

Permit # 24752

# Harnett County Department of Public Health Site Sketch

ISSUED TO: Caviness Land

PROPERTY LOCATOR: 1125

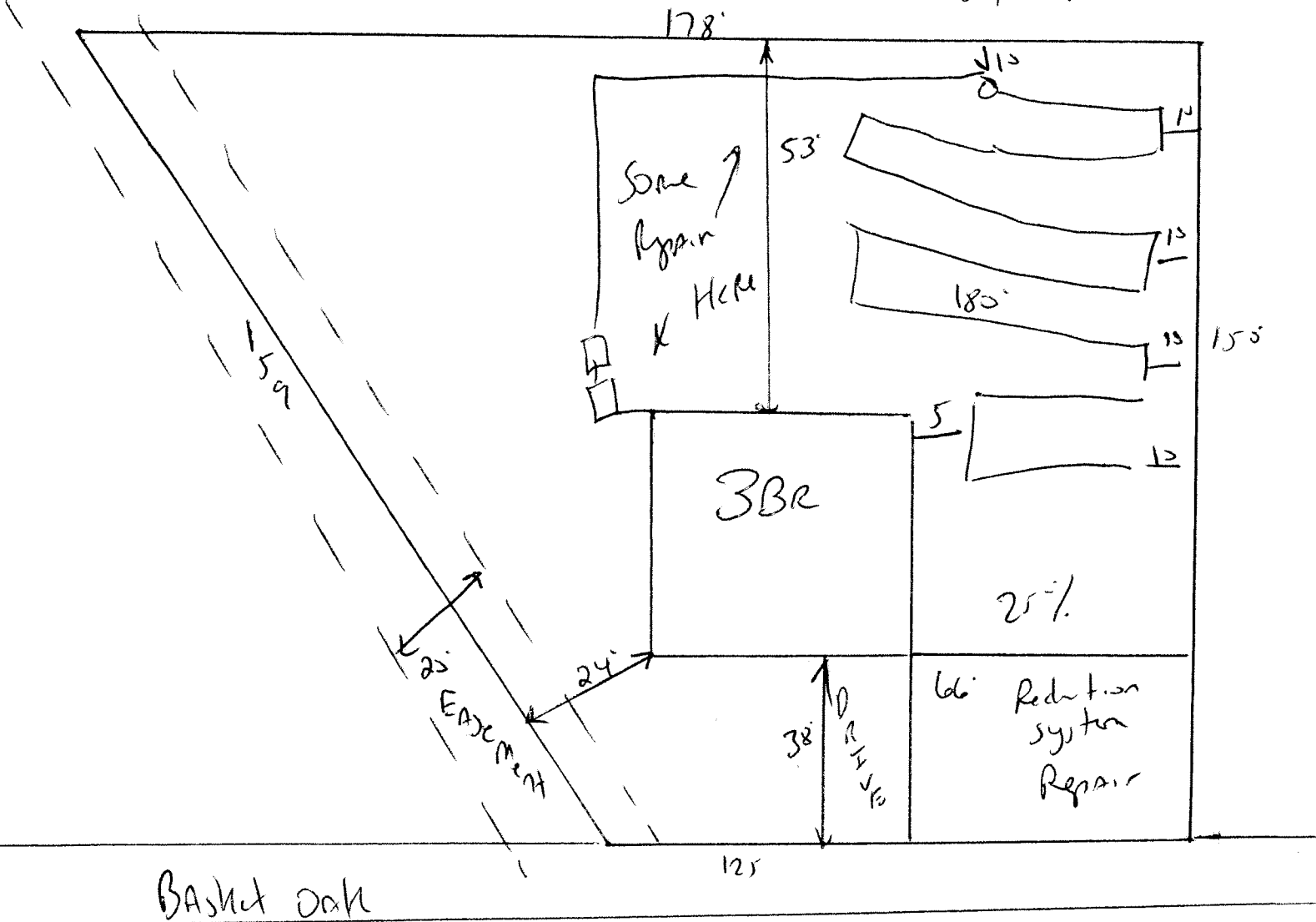
SUBDIVISION: FOREST OAKS

LOT # 145

Authorized State Agent: [Signature]

Date: 04-23-08

02-24-09



Meat onsite maintain All set Back, Install ~~25%~~ of  
 25% Reduction system At 18 to 24" Deep.  
 Install 180 of 25% Red. sys. for 3 Bedroom Home