HTE# 08-500-19294R Harnett County Department of Public Health

24974

SEE ATTACHED SITE SKETCH

Date: 08-21-08

Construction Authorization Expiration Date: 08 2 - 2010

Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1/25 SUBDIVISION FOREST DAKS Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO-42x42- 3BR MAX Proposed Wastewater System Type: 25% Reduction System 360 GPD Projected Daily Flow: Number of bedrooms: ____ ____ Number of Occupants: 6 may Basement TYes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Public Well Distance from well 100 feet Permit valid for:

13 Out Plumbing Shallow At ground level or Type of Water Supply:

Community Five years Permit conditions: 11ket 101 □ No expiration Authorized State Agent:: 08-21-28 Date: 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. Facility Type: SFO- YaxY2 · 30R my New PROPERTY LOCATION: 1/25

SUBDIVISION FORCE T OF LOT # 147 Basement Fixtures? Yes No Basement? Yes No CINITIAL) Wastewater Flow: 362 GPD Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18 (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 Conditions: 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: 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:

HTE# <u>08:500-19294R</u>

Ron

Permit # <u>24974</u>

Harnett County Department of Public Health Site Sketch

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	101			