## HTE# 08.502-20091 Harnett County Department of Public Health

24876

Improvement Permit

	DE ISSUED WITH ONLY AN IMPROVEMENT PERMIT  OPERTY LOCATION: 1725
	OPERTY LOCATION: 1/23  JBDIVISION FOREST OAKS LOT # 190
NEW   REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SED = 44x643 BB	
Proposed Wastewater System Type: Pump to 25% Reduction	setten
Projected Daily Flow: 360 GPD	357-1
Number of bedrooms: 3 Number of Occupants: 6 ma	X
Basement □Yes ♀ No	
Pump Required: ☐Yes ☐ No ☐ May be required based on final locat	ion and elevations of facilities
Type of Water Supply:  Community Public  Well Distance	rom well feet Permit valid for: 🔀 Five years
Permit conditions: Meet onsite too timal law	sof STUB out Plumbing   No expiration
Shalper, at ground level or higher	from well 50 feet Permit valid for: Five years  10-4 STUB out Plumbing I No expiration  Where shown 9 Pump may not be Required
- JANUAUC AIL SETBATES	2/ 20 0/3
Authorized State Agent:  The issuance of this parmit by the West Paragraph is no way greatest the increase of the	Date: 06.27.28 SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Per	mits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This nit 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.	in small not be unceed by a change in ouncering of the site. This period is subject to compliance with the provisions of
Construc	tion Authorization
	ed for Building Permit)
	18. 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: HOH Cont.	PROPERTY LOCATION: 1125
133000 10	
Facility Type: SFO- 44x64- 3BR New	
	Expansion Repair
Basement?  Yes No Basement Fixtures? Yes	·
Type of Wastewater System** Ung to 25% Ard -c)	Con System (Initial) Wastewater Flow: 365 GPD
(See note below, if applicable 🔯)	1
25% Reduction Sy	Hepair)
Installation Requirements/Conditions Number of trenches	- I - O
	trench 180 feet Trench Spacing: Feet on Center
	stalled on contour at a Soil Cover: inches
) + 14(20(1)	pth of: 18-24 inches (Maximum soil cover shall not exceed
(Trench bottoms sha	If be level to $\pm 1/4$ " 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:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use chang	Date: es. 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 Sewag	e Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH
Authorized State Agent: White Walls	Date:O6 -N- O8
	ion Authorization Expiration Date: 04.27-2013
, construct	VII MUNICIPALITY EXPIRATION DATE, V - OF / OF /

HTE# 08:500-2009/

Permit # 24876

## Harnett County Department of Public Health Site Sketch

	ISSUED TO: HOH CONT.		LOCATON: 1125 INVISION FORCUT OAKS LOT # 196
	Authorized State Agent: Ove Wedas		Date: 06.27-08
	100		
)	28'  Asto Reduction of the system of the sys	28'	Mentain all set Backs  STUB Out Plumbing Shallow,  Of grand level or higher where  Shown, Pamp may not be  Required  Zostall 180' of 25% Reduction  System
	102		

Ancient Oak