## HTE# 08-500-20094R Harnett County Department of Public Health

25215

**Improvement Permit** 

A building permit cannot be	issued with only an Improvement Permit
	PERTY LOCATION: 1/25
NEW— REPAIR  EXPANSION SUB	DIVISION FORCITOAKS LOT # 202
Type of Structure: SFD - 35 x 47 - 38C	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% led whom such	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 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 fro	m well los feet Permit valid for: Five years
Permit conditions: Meet Onsite for Final Layout At GROUND level OF Higher Where	- Stub Of Plumbing Shallow, No expiration
11) OF HIGHE WHERE	HOW! MAINTAIN HILSCEBACKS
Authorized State Agent:: \ WRS	Date: 12-16-58 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permit	s. 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.	
C	A 41 - ' - 4'
<u>Constructi</u>	on Authorization
(Required	for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. with the attached system layout.	and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
	11.00
ISSUED TO: HOH COAST.	PROPERTY LOCATION: 125 SUBDIVISION FORCIZ DAKI LOT # 202
	] Expansion 🔲 Repair
Basement? ☐ Yes  ☐ No Basement Fixtures? ☐ Yes ☐	The state of the s
Type of Wastewater System** SFO - 35 x 47- 3 BA	GPD (Initial) Wastewater Flow: 363
(See note below, if applicable 1) LPP Repair	
	(Repair)
Installation Requirements/Conditions Number of trenches	9
<del>-</del>	rench 300 feet Trench Spacing: Feet on Center
Pump Tank Size gallons Trenches shall be insta	
	n of: 18 max 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
Canditions	Aggregate Depth: inches above pipe
Conditions:	inches total
**If any limble. I understand the system to a set of it. I'll to find	
**If applicable: I understand the system type specified is different from the type	se specified on the application. I accept the specifications of this permit.
Owner/Lagal Parvacentative Constures	<b>D</b> .
Owner/Legal Representative Signature:	Date:  The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to revocation in the site plant, plat, or the intended use changes.	
1 A	The suppose are to the continuous of this period.
Authorized State Agent:	Date: 111/.0X
numorized state Agent.	Date: 12.16.08  Authorization Expiration Date: 12.12-2013
Construction	Authorization Expiration Date: [2-12-0-13
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## Harnett County Department of Public Health Site Sketch

1/-1/-0 -	PROF	ERTY LOCATON: 1125 SUBDIVISION FORCIT OAK.		
ISSUED TO: HOH CONT		SUBDIVISION FORCIT OAK.	5	LOT # <u>202</u>
Authorized State Agent:	Wer	Date:/	2-16-28	
STUS OF Plumbing Maintain All Set Of	shallow, A	it ground level or	higher W	there Shown
Maintain All Set De	acki Instal	1 300' A 25%. Rede	itish Syste	- at 18" max
meet onsite				

