Harnett County Department of Public Realth

HTE# 09-5-22069R

25488

	Im	provement	Permit
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6 E. 112

A building permit cannot be issued will	th only an Improvement Permit	
PROPERTY LOCA	ATION: LEMUEL BLACK RD	
ISSUED TO: H+H CONSTRUCTORS INC SUBDIVISION	FOREST OAKS PH3	LOT # \7 L)
NEW 🕱 REPAIR 🗆 EXPANSION 🗖	Site Improvements required prior to Construction A	
Type of Structure: SED (54 ×58)		anonzaton issuance.
Proposed Wastewater System Type: Conversioned 25% REDUCEIDA	1	
Projected Daily Flow 360 480 GPD	5	
Number of bedrooms: Number of Occupants: 88 max		
Basement 🗆 Yes 🔀 No		
Pump Required: Yes 🛛 No 🗌 May be required based on final location and eleva	ations of facilities	
Type of Water Supply: 🗌 Community 🖉 Public 🔲 Well Distance from well V	no faat Darmit valid fa	r: 🔀 Five years
Permit conditions:	SEDROOM HOVSE	\square No expiration
A for the second	R5 924 09	
the second secon		
Authorized State Agent .: Date	6/1/09	ATTACHED SITE SWETCH

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: H+H Co	NSTRUCTOR.	5 INC. PROPERTY LOCATION: LEM	WEL BLACK RD	
Locility Tune SED (C4)	(sex)	SUBDIVISION <u>Forest C</u> X New	DAXS PH3	LOT # <u>\'ר</u>
Basement? 🗌 Yes 🛛 🖾	No Basement Fix	tures? Yes X No		
Type of Wastewater System**	- Consven	ASTOREDUCEION	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable [□)	בגעים אוראבר אינאים (Repair) Number of trenches	(````````````````````````````````	
	- Conver	Repair)		
Installation Requirements/Conditi	ions	Number of trenches		
Septic Tank Size 1000	gallons	Exact length of each trench <u>\SO</u> feet	Trench Spacing: 9 F	eet on Center
Pump Tank Size	gallons	Trenches shall be installed on contour at a	Trench Spacing: F Soil Cover: G inc	thes
		Maximum Trench Depth of: 18 inches	(Maximum soil cover shall not	
		(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench botton	
		in all directions)		')
Pump Requirements:	ft. TDH vs	_ GPM	6	inches below pipe
Conditions:			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 s	specifications of this permit.
	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 t	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: Date:]4

