Harnett County Department of Public Health

HTE# 09-5-22549

25575

Improvement Permit

A building permit cannot be issued with only	an Improvement Permit	
PRODERTY LOCATION.	NUDECO RA	
ISSUED TO: CAVINESS LAND DEVELOPMENT SUBDIVISION FO	REST OAKS	LOT # 186
	mprovements required prior to Construction Authorization	
Type of Structure: SED(39(×38)		issuance.
Proposed Wastewater System Type: CONVENTIONAL		
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 o	f facilities	
Type of Water Supply: Community Public Well Distance from well 100	f	Five years
Permit conditions:		No expiration
		No expiration
	<u>َ</u>	
Authorized State Agent: Date: 8	3 09 SEE ATTACHED S	CITE CHETCH
The issuance of this permit by the Health Department is as your mental the factor of the factor		SIL SKLICH

The is vay 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 DEVE	ORMENT PROPERTY LOCATION: NURSERY	Ro
H')	SUBDIVISION FOREST OAKS	LOT # <u>\%</u> 6
Facility Type:	New Expansion Repair	
Basement? 🗆 Yes 🔀 No 🛛 Basement Fixt	ures? 🗆 Yes 🛛 🛣 No	
Type of Wastewater System**		astewater Flow: <u>360</u> GPD
(See note below, if applicable)		
CONVERTIN	CORL (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 150 feet Trench Spacing	ng: <u> </u>
Pump Tank Size gallons	· · · · · · · · · · · · · · · · · · ·	6-24 inches
		soil cover shall not exceed
		e the trench bottom)
	in all directions)	the denen bottomy
Pump Requirements:ft. TDH vs	GPM	inches below pipe
	Aggregate De MALLOW OR PLIME MAY BE NEEDED	

**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 shi	all 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	e conditions of this permit. SEE ATTACHED SITE SKETCH	
a fift fit and a second	Date: 8 3 8 4	



