HTE# 09-5-22688 Harnett County Department of Public Health	25629
Improvement Permit	
A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: Coviners Land Development SUBDIVISION Forest Oaks	
ISSUED TO: Cover Land Develyment SUBDIVISION ForestOaks NEW REPAIR , EXPANSION Site Improvements required prior to Construction Author	LOT # <u>/87</u>
Type of Structure: 5FD 45x41'	ization issuance.
Proposed Wastewater System Type: Purp to 2570 Reduction	
Projected Daily Flow: GPD Number of bedrooms: Number of Occupants: max	
Number of bedrooms: Number of Occupants:max BasementYesNo	
Pump Required: 🖬 estation and elevations of facilities	
Type of Water Supply: 🗆 Community 🖃 Public 🔲 Well Distance from well feet Permit valid for:	Five years
Permit conditions:	No expiration
Authorized State Agent: 1 Jugan My an 10th Date: 9/28/2009 SEE ATT	ACHED SITE SKETCH
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 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	meeting their requirements. This compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	1 F
Construction Action State	
<u>Construction</u> <u>Authorization</u>	
(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.	
region of the the second of the the	
ISSUED TO: Carineschand Development property LOCATION: Murrery Rd. SUBDIVISION Forest Oaks	
Facility Type:	LOT # <u>/8</u> 7
Basement? I Yes I No Basement Fixtures? I Yes I No	
Type of Wastewater System** I mp to 25% leduction System (Initial) Wastewater Flow:	360 GPD
(See note below, if applicable $\Box$ ) $\rho$	······································
- Tumpto to 25% Lecture (Repair)	
Installation Requirements/Conditions Number of trenches 1 X 150	
Septic Tank Size 1000 gallons Exact length of each trench 150 feet Trench Spacing: 9   Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 12 i	Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: i Maximum Trench Depth of: inches (Maximum soil cover shall n	nches
(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
Aggregate Depth:	inches above pipe
Conditions: Rundran line on contour. No utilitier allowed in nitial septictor repair Area, Water line must be at least 10FT.	inches total
nitial septie for repair Area. Water line must be at least 1054.	trim
any part of repfic system	
$\frac{** f }{applicable}$ I understand the system type specified is different from the type specified on the application. I accept the specifications of the specification of the s	his 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 ow	mership of the site. This
	ATTACHED SITE SKETCH
and but	
Authorized State Agent: Date:	
Construction Authorization Expiration Date: 9/25/2014	

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