## Harnett County Department of Public Health

HTE# 09-5-2075R

25777

## Improvement Permit

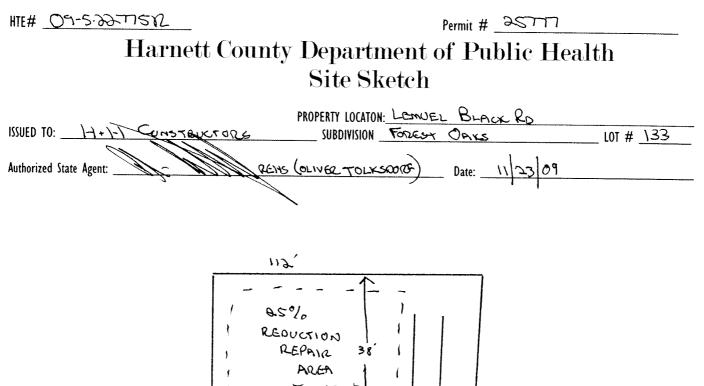
A	building	permit	cannot	be	issued	with	only	an	Improvement Permi	t
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		ITION: LEMUEL DL	ACK KD	
ISSUED TO: H+H CONSSANCTORS	SUBDIVISION	FORESS OAKS		LOT # 133
NEW 🛛 REPAIR 🗖 - EXPANSION 🗆		Site Improvements required p	rior to Construction Authori	
NEW ス REPAIR ロ EXPANSION ロ Type of Structure: SED (いべんど)		1 1 I I		autori issuance.
Proposed Wastewater System Type: CUMNENTIONAL				
Projected Daily Flow: 360 GPD				
Number of body and the second se	max			
Basement 🗆 Yes 🗶 No	••			
Pump Required: $\Box$ Yes $\Box$ No $\bigstar$ May be required based on final k	ocation and elev	ations of facilities		
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distan	ice from well	OO feet	Permit valid for:	Five years
Permit conditions:				No expiration
and the second second				
			water	
Authorized State Agent .: The THE REHS	Date:	11/23/09	SEE ATT/	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the Issuance of other	r permits. The permi	t 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 t	he site. This permit is subject to a	ompliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
<u>Constr</u>	<u>uction Au</u>	<u>thorization</u>		
(Reg	uired for Build	ing Permit)		
The construction and installation requirements of Rules 1950 1957 1954 1955 1954				

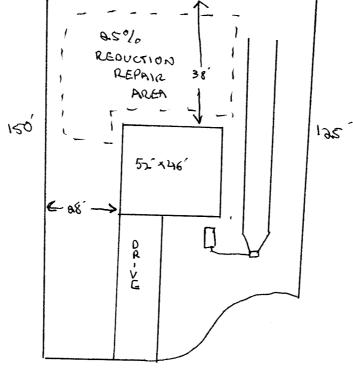
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: <u>H+H</u> C	ONSTRUCTOR	S PROPERTY LOCATION: LEM	NEL BLACK BO	
	$\sim$	SUBDIVISION FOREST C	DAKS	LOT # 133
Facility Type: SFD (47	x63)	_ 🛛 New 🗆 Expansion 🗆 Repair		
Basement? 🗆 Yes 🛛 🕅 No	Basement Fixt	ures? 🗆 Yes 🛛 🔀 No		
Type of Wastewater System**	CONVENTIO	NAL	(Initial) Wastewater Flow: <u>3</u>	GO GPD
(See note below, if applicable 🗆	)	2	()	
	25% REDUC	TION SYSTEM (Repair)		
Installation Requirements/Condition	ns	Number of trenches		
Septic Tank Size <u>1000</u>	gallons	Exact length of each trench 150 feet	Trench Spacing: <u>9</u> Fee	et on Center
Pump Tank Size	gallons	Trenches shall be installed on contour at a	Soil Cover: 🖌 inche	
		Maximum Trench Depth of: <u>18-30</u> inches	(Maximum soil cover shall not e	exceed
		(Trench bottoms shall be level to $+/-1/4$ "		
		in all directions)	, , , , , , , , , , , , , , , , , , ,	
Pump Requirements:	_ft. TDH vs	_ GPM	6	inches below pipe
. 1 · · ·		D'FROM SEPTIC SUBTEM No U. LOR REPAIR APPA.	Aggregate Depth: 📃 🍳	inches above pipe
Conditions: WATER HNG	MUST DE 10	J FROM SEPTIC SUBTEM NOV	TILITIES 12	inches total
May ENCROACH	ON INITIA	LOR REPAIR LEGA.		

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the s	pecifications of this permit.
	Date:
This Construction Authorization is subject to revocation if the size plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when t	here 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: DA	1



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