HTE# 09-5-23053 Harnett County D	epartment of Pul	blic Health	25760
Impro	vement Permit		
	e issued with only an Improveme	nt Permit	
PR	DPERTY LOCATION: WILL		
ISSUED TO: <u>G.S. LANGOON INC</u> SU	BDIVISION CAROLINA	OAKS	LOT # 41
NEW X REPAIR C EXPANSION C	Site Improvements r	equired prior to Construction Author	prization Issuance:
Type of Structure: SED (53755)			
Proposed Wastewater System Type: CONVENTIONAL Projected Daily Flow: 480 GPD			
Number of bolinsons 12 No. 1 Co. S			
Basement \Box Yes X No			
Pump Required: 🗆 Yes 💛 No 🛛 🗌 May be required based on final locati	on and alovations of facilities		
Type of Water Supply: Community Rublic Well Distance for	rom well \CC foot	Permit valid for:	
Permit conditions:		remit valid for.	Five years
1.11			No expiration
		· · · · · · · · · · · · · · · · · · ·	
Authorized State Agent:: REHS	Date: 11209	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other perr	nits. The permit holder is responsible for c	becking with appropriate governing bodies i	n meating their requirements This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Perm the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	t shall not be affected by a change in ow	nership of the site. This permit is subject to	o compliance with the provisions of
and and the set setting recentent and pisposal and to conditions of this permit.			
[· · · · · · · · · · · · · · · · · · ·	
Construct	tion Authorization		
<u>(Require</u>	<u>d for Building Permit)</u>		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1951	I. and .1959 are incorporated by reference	s into this permit and shall be met. System	s shall be installed in accordance
with the attached system layout.			
ISSUED TO: G.S. LANGOON INC	PROPERTY LOCATION:	LL LUCAS RO	
	SUBDIVISION CAROLI	NA DAKS	LOT # 44 \
Facility Type: SFD(53755) X New	Expansion Repair		
Basement? 🗌 Yes 🖄 No Basement Fixtures? 🗌 Yes 🔀	• •		
Type of Wastewater System** CONVENTIONAL		(Initial) Wastewater Flow:	420 000
(See note below, if applicable [])		(IIIIIIII) Wastewater Flow.	<u> </u>
CONVENTIONAL	(Ronair)		
Installation Requirements/Conditions Number of trenches	(Repair)		
	trench <u>50</u> feet	Tread Carting G	T . C .
		0	
	alled on contour at a	Soil Cover: 12-24	inches
riaximum Trench Dep	th of: <u>arg-3</u> inches	(Maximum soil cover shall	not exceed
	Delevel to $\pm \frac{1}{4''}$	36" above the trench bot	tom)
in all directions)		<i>,</i>	
Pump Requirements:ft. TDH vs GPM		<u></u>	inches below pipe
in the I am Q in't	C C	Aggregate Depth:	inches above pipe
Londitions: WAIED LINE MUST DE 10 FEOI	n SEPTIC SYSTEM	n. No	<u>a</u> inches total
Pump Requirements:ft. TDH vs GPM Conditions: WATER LINE MUST BE 10' FEO UTILITIES MAY ENCROPICAL ON INITIAL	- OR REPAIR AD	EA	
**If applicable: I understand the system type specified is different from the t	vpe specified on the application	n. I accept the specifications of	this permit.
		, , ,	1
Owner/Legal Representative Signature:			
	·····	Date:	

Construction Authorization is subject to compliance with the periodians of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent:

PEHS Date: 11/2/09 Construction Authorization Expiration Date: 11

/ 11/13/09 nevised tank location

2 114

