HTE#10-5-23919 Harnett County Department of Public Health 25946 Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: LEWIEL BLACK RO ISSUED TO: H+H CONSTRUCTORS INC SUBDIVISION FOREST OTXS P3 LOT # 177 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED (37×48) Proposed Wastewater System Type: Rune To 25% REDUCTION Projected Daily Flow: 480 GPD Number of bedrooms: Number of Occupants: 8 max Basement 🗆 Yes 🔀 No □ No □ May be required based on final location and elevations of facilities Pump Required: Wes Type of Water Supply: \Box Community \bigotimes Public \Box Well Distance from well <u>100</u> feet Permit valid for: Five years Permit conditions: □ No expiration Authorized State Agent:: _ REAR Date: 3 36 10 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 ISSUED TO: H+H CONSTRUCTORS INC PROPERTY LOCATION: LEMUEL BLACK KD SUBDIVISION FOREST OWICS PH3 LOT # 177 Facility Type: <u>SFD(37'×48')</u> New Expansion Repair Basement?
Yes No Basement Fixtures? Yes No Type of Wastewater System** Pume To 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD (See note below, if applicable) Dare IREICATION (No PRETREPT) (Repair) Installation Requirements/Conditions Number of trenches 1 Exact length of each trench 250 feetTrench Spacing: 9 Feet on CenterTrenches shall be installed on contour at aSoil Cover: 6 inches Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. GPM Conditions: FRENCLI DRAIN NEEDED-SEE SITE SKETCH FOR DETAILS. Inches above pipe Do NOT REMOVE ANY SOIL IN REPAIR AREA. CLEAR BY HAND IF NEEDED. WATER LINE MUST BE 10 FROM DEDTIC SYSTEM. THIS PERMIT BASED ON PROPOSAL FROM APPLICANTS SOIL GUSUTIANT _____ inches below pipe **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: 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 ownership of the site. This Date: Construction Authorization is subject to compliance what 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: _ 21 REHS Date: 3 30 10 Construction Authorization Expiration Date: 23015

