HTE# 11-5-27783 Harnett County Department of Public Health

Improvement Permit

26547

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SCIOGE CID STAGE PLO ISSUED TO: Conhectmed Homes Tix SUBDIVISION OXFORD WOODS NEW 🗷 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 250/2 (26) UCIZO Projected Daily Flow: 360 GPD Number of bedrooms: ____ 3 Number of Occupants: _____ Basement TYes May be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Type of Water Supply:

Community Public

Well Distance from well _______ feet Permit valid for: Permit conditions: ☐ No expiration 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. Type of Wastewater System** 25% REDUCTION System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) **Installation Requirements/Conditions** Number of trefiches ______ feet Trench Spacing: _____ Feet on Center Trenches shall be installed on contour at a Soil Cover: ______ inches Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 24 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 WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / 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 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: Janes & Manhantanes Date: //-8-1/

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

Authorized State Agent: pnes & Manhart LIL. 28-11

PROPERTY LOCATON: SN. 1006 01D 5.776E 12D

LOT # 15

