HTE# 12-5-28197

Harnett County Department of Public Health

Improvement Permit

26882

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Docs R ISSUED TO: H+)-1 CONTERCTORS SUBDIVISION OAKMONT REPAIR ☐ _EXPANSION ☐ Site Improvements required prior to Construction Authorization Issuance: Type of Structure? FO (54" xG Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 600 GPD Number of bedrooms: Number of Occupants: 10 max Basement Yes No Pump Required: □Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public Well Distance from well 100 feet Five years Permit valid for: Permit conditions: Authorized State Agent:: Date: SEE ATTACHED 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 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 with the attached system layout. ISSUED TO: H+H CONSTRUCTORS PROPERTY LOCATION: DOCS RO SUBDIVISION OAKMONT Facility Type: STO (54, 61)

Basement?
Yes No Basement Fixtures?
Yes No Repair Type of Wastewater System** 25% REOUCTION SYSTEM (Initial) Wastewater Flow: 600 GPD (See note below, if applicable \square) PPBPS Installation Requirements/Conditions Number of trenches _ H Exact length of each trench 55 feet Trench Spacing: ______ Feet on Center Trenches shall be installed on contour at a Soil Cover: ______ inches Septic Tank Size 1250 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18-24 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 _____ inches below pipe Aggregate Depth: ______ inches above pipe Conditions: REJENTION POND MUST BE REMOVED inches total 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: 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 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: _ Construction Authorization Expiration Date: _

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Docs Ro LOT # <u>3</u> ISSUED TO: _ +> } SUBDIVISION OAKMONT ENS (DINGR TOLKSOOPE) Date: 1 27/12 Authorized State Agent: 77 *DOAWING NTS 200 197 54'x61' 0 37