HTE# 12-5-28245

Harnett County Department of Public Health

26898

Im	prov	veme	ent r	'ermit
	1			

A	building	permit	cannot	be	issued	with	only	an	lm	provement	Permit

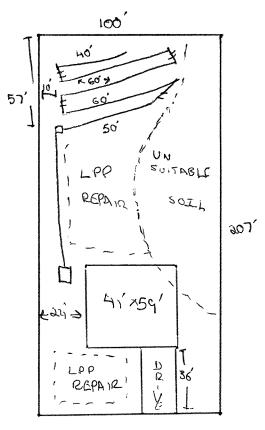
	PROPERTY LOCATION: Docs	RD	
ISSUED TO: MEKEE HOMESLLC	SUBDIVISION OAKMONT		LOT # _6
NEW 🕱 REPAIR 🗆 🔿 EXPANSION 🗆	Site Improvements	required prior to Construction Author	ization Issuance:
Type of Structure: $\frac{SPO(L_1 \times SG)}{SPO(L_1 \times SG)}$		Mithelian	-
Proposed Wastewater System Type: 2520 460 UCTION	<u>157En</u>		
Projected Daily Flow: 470 GPD			
Number of bedrooms: Number of Occupants:	max		
Basement Yes No			·····
	inal location and elevations of facilities		S-4 .
Type of Water Supply: Community X Public Well	Jistance from well feet	Permit valid for:	Five years
Permit conditions:			No expiration
		• • • • • • • • • • • • • • • • • • •	
Authorized State Agent::	NS Date: 2/10/12-		
The issuance of this permit by the Health Department in no way guarantees the issuance			ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Impro	ement Permit shall not be affected by a change in o	wnership 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			
Сог	<u>istruction</u> Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956,		ces into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.		,	
KEED TO. Makes Homes 110	PROPERTY LOCATION.	Ro Ro	
ISSUED TO: MCKEE HOMES LLC		<u>005 mp</u>	10T # 6
Facility Type: <u>SEO(A1'XSq)</u> XI	JUBUINISIUM ORTHON		lot #
		ir	
Basement? I Yes X No Basement Fixtures? I Ye			INA
Type of Wastewater System** 25% REDUCTION	2 AD / EN	(Initial) Wastewater Flow:	<u>480</u> GPD
(See note below, if applicable \Box) LPC			
	trenches (Repair)		
Installation Requirements/Conditions Number of	trenches	9	
Septic Tank Size <u>1000</u> gallons Exact lengt	of each trench <u>270</u> feet	Trench Spacing:	Feet on Center
	all be installed on contour at a	Trench Spacing: Soil Cover: i	inches
Maximum T	rench Depth of: <u>18</u> inche	s (Maximum soil cover shall r	not exceed
(Trench bot	toms shall be level to $+/-1/4$ "	36" above the trench bott	tom)
in all direct			,
Pump Requirements:ft. TDH vs GPM	,		inches below pipe
		Aggregate Depth:	
Conditions:			inches total
	********		menes 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: Date:
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 bases and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent:





EXECUTIVE DRIVE