## HTE# 12-5-29567

## Harnett County Department of Public Health

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A building permit cannot be issued with 6	only an Improvement Permit	
PROPERTY LOCATIO		
ISSUED TO: H+H CONSTRUCTORS INC SUBDIVISION C	DAKMONT PH1	LOT # <u>\%</u>
NEW 💐 REPAIR 🟳 -EXPANSION 🗆 S	ite Improvements required prior to Construction Authorization	on Issuance:
Type of Structure: _ SFO (36 ~ 61)	· · · · · · · · · · · · · · · · · · ·	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 480 GPD		
Number of bedrooms: Number of Occupants: <u>&amp;</u> max		
Basement □Yes 🔀 No		
Pump Required: 🗆 Yes 🔪 🔀 No 👘 🗆 May be required based on final location and elevatio		
Type of Water Supply: 🗆 Community 💢 Public 🗆 Well Distance from well <u>\O</u>	<u>o C</u> feet Permit valid for:	🗙 Five years
Permit conditions:	· · · · · · · · · · · · · · · · · · ·	🗆 No expiration
Permit conditions:		□ No expiration
	<b>T</b>	□ No expiration
Authorized State Agent::	LIGID SEE ATTACHE	ED SITE SKETCH
Authorized State Agent::	SEE ATTACHE	ED SITE SKETCH ting their requirements. This
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit ho site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permitsial not be affe	SEE ATTACHE	ED SITE SKETCH ting their requirements. This
Authorized State Agent::	SEE ATTACHE	ED SITE SKETCH ting their requirements. This
Authorized State Agent:: Date:	SEE ATTACHE SEE ATTACHE Sected by a change in ownership of the site. This permit is subject to comp	ED SITE SKETCH ting their requirements. This
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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+1-1 Ca	NATRUCTO	RS INC	PROPERTY LOCATION:	Doc	s Ro	
	_			A		LOT # <u>\8</u>
Facility Type: SGD (36	(xG)	🔀 New	🗆 Expansion 🔲 Rep	pair		
Basement? 🗆 Yes 🛛 📉 No	Basement Fixtu	ıres? 🗆 Yes 🛛	X No .			
Type of Wastewater System**	25% R	EDUCTION	System		(Initial) Wastewater Flow:	<u>480</u> GPD
(See note below, if applicable []						
-	25% REC		x556m (Repair)			
Installation Requirements/Condition	<u>ns</u>	Number of trench			6	
Septic Tank Size 1000	gallons	Exact length of e	ach trench fee	et Tr	rench Spacing: <u></u> bil Cover: <u>6-72</u>	Feet on Center
Pump Tank Size	gallons		installed on contour at a		oil Cover: 6-12	inches
		Maximum Trench	Depth of: <u>18-24</u> incl	ches	(Maximum soil cover shall	not exceed
		(Trench bottoms	shall be level to +/-1/4"		36" above the trench bo	ottom)
		in all directions)				
Pump Requirements:	_ft. TDH vs	_ GPM				inches below pipe
				A	ggregate Depth:	inches above pipe
Conditions:						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 a	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 Authorizati	
Construction Authorization is subject accompliance 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 Exp	Date: <u> </u>

