HTE# 12-5-29568

Harnett County Department of Public Health

Improvement Permit

27153

A building permit ca	nnot be issued with only an Improvement PROPERTY LOCATION:	nt Permit	
ISSUED TO: H+H) CONSTRUCTORS INC	SUBDIVISION OAKMONT	PH 1	LOT # 2-6
NEW REPAIR □ EXPANSION □	•	equired prior to Construction Authoriz	
Type of Structure: SFO (SS'~5)			
Proposed Wastewater System Type: 25% REOUCTION (PU			
Projected Daily Flow: GPD	1-41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Number of bedrooms: 5 Number of Occupants: 10	max		
Basement Yes No			
Pump Required:		5 % P1.6	√
Type of Water Supply: Community Public Well Dist	nce from well 100 feet	Permit valid for:	Five years No expiration
Australiand Carte Annata	HS Date: 9/4/12	CET ATTA	CUED CITE CUETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of or			CHED SITE SKETCH
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.			
Const	ruction Authorization		
•	equired for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.		es into this permit and shall be met. Systems :	shall be installed in accordance
Facility Type: 500 (55'251) X New	PROPERTY LOCATION:	OLS RO	LOT # 26
[100 Turn 6FO (55' 75')	SUBDIVISION Onkno		LUI # _ & \
		ſ	
Basement? Yes No Basement Fixtures? Yes	No Sales	/I */* I\ 144	(50
	PEOUCHION SYSTEM	1 (Initial) Wastewater Flow: _	GOU GPD
(See note below, if applicable)	For		
Installation Requirements/Conditions Number of tre		- 16-22-9	T . 6 .
	each trench 70 feet		Feet on Center
	ne installed on contour at a		nches
	h Depth of: $\frac{18-30}{1100}$ inches	`	
•	s shall be level to +/-1/4"	36" above the trench botto	om)
in all direction)		
Pump Requirements:ft. TDH vs GPM			inches below pipe
A Re		Aggregate 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 ÀLLOWED IN INITIAL OR REPAIR DRAIN FIELD AR			
** If and included I understand the system time and itself in different from	the time annifold on the anniversity	un l'accord de accoifications of d	<i>l:</i>
**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:	
Owner/Legal Representative Signature:			
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:	EYS Date:	9/4/12	
Construction Authorization Expiration Date: $\frac{1}{2}$			

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: DOCS RD

ISSUED TO: H+1-1 CONSTRUCTORS INC SUBDIVISION DAKMONT PM 1 LOT # 26

Authorized State Agent: 2675 (DINER TOLKSDORD) 16: 9 H12

