HTE# 13-5-30519

Harnett County Department of Public Health

Improvement Permit

27261

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: DOCS RD H+H COMSTRUCTORS ISSUED TO: THOMXAO _ ONZIVIDAUS NEW 🔀 EXPANSION Site Improvements required prior to Construction Authorization Issuance: 550 (43 ×61) Type of Structure: Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 600 Number of bedrooms: 5 Number of Occupants: 10 Basement □Yes Pump Required: ☐Yes ► No ☐ 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: ☐ No expiration site is subject to revocation if the site plan, plat, or the intended use changes. The Impresement 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+1-1 CONSTRUCT UTS PROPERTY LOCATION: DOCS RD SUBDIVISION ORKMOST LOT

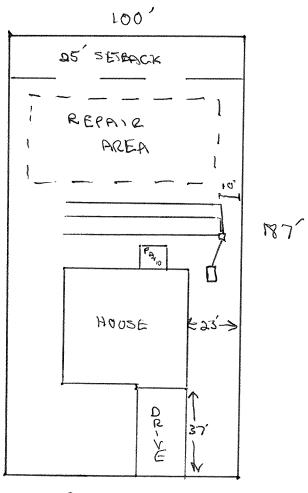
Facility Type: 550 (43 x 6 1) | New | Expansion | Repair

Basement? | Yes | No Basement Fixtures? | Yes | No

Type of Wastewater System** | 25% | Reduction | System* | (Initial) Wastewater Flow: 600 10T # 140 (See note below, if applicable □) PAMES BLOCK Installation Requirements/Conditions Number of trenches ____ Number of trenches ______ 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: 30-16 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 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 SEE ATTACHED SITE SKETCH Construction Authorization is subject to compliance with the provision of this permit. REHS Authorized State Agent: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Pocs Ro	
ISSUED TO: H+H CONSTON	CTORS SUBDIVISION DAKMONT	LOT # _)니〇
Authorized State Agent:	RENS (OLIVER TOUXSDORF) Date: 2 11/13	



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