## HTE# 13-5-30598

## Harnett County Department of Public Health

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A building permit	cannot be	issued with	only an Improveme	nt Permit

	PROPERTY LOCAT	FION: Docs R	Q	
ISSUED TO: MCKEE Homes	SUBDIVISION	OAKMONT		LOT # 143
NEW 🔀 REPAIR 🗆 EXPANSION 🗆		Site Improvements req	uired prior to Construction Au	thorization Issuance:
Type of Structure: SCO (36'×G)	_			
Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: 480 GPD				
Projected Daily Flow: <u>480</u> GPD Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u>				
Basement $\Box$ Yes No	_max			
Pump Required: 🗆 Yes 🖉 No 🔅 🗆 May be required based on final l	location and eleva	tions of facilities	· · · · · · · · · · · · · · · · · · ·	
		feet	Permit valid for:	Five years
Permit conditions:				$\square$ No expiration
				·····
Authorized State Agent::		2/19/3		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of othe site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	er permits. The permit Rermit shall not be a	holder <sup>a</sup> is responsible for cheo iffected by a change in owner	king with appropriate governing bodi ship of the site. This permit is subjec	es in meeting their requirements. This t to compliance with the provisions of
Constr	ruction Au	thorization		
	quired for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	, .1958. and .1959 are	e incorporated by references i	into this permit and shall be met. Sys	tems shall be installed in accordance
		$\sim$	0	
ISSUED TO: $\frac{MCKEE Hones}{SEO(34561)}$ Facility Type: $\frac{SEO(34561)}{Ves}$ Rew Basement? $\Box$ Yes $\frac{SEO(34561)}{Ves}$ Type of Wastewater System*** $\frac{25\%}{6}$ REDUCTION (See note below, if applicable $\Box$ )	PROPERTY	LOCATION: <u>Vo</u>	cs Kg	
	SUBDIVISIO	IN OAKMON	5	LOT # 1243
Facility Type: STO (36×61) KNew	Expans	ion 🗆 Repair		
Basement? 🗆 Yes 🕂 No 🛛 Basement Fixtures? 🗆 Yes	No			\ <b></b>
Type of Wastewater System** _ 25% REDUCTIO	CYC NO	Tem	(Initial) Wastewater Flo	w: <u>480</u> GPD
(See note below, if applicable 🗆)				
Installation Requirements/Conditions	00	_(Repair)		
Installation Requirements/Conditions Number of trenc	ches1		5	
Septic Tank Size <u>1000</u> gallons Exact length of a			Trench Spacing:	Feet on Center
Pump Tank Size gallons Trenches shall be			Soil Cover: <u>24-6</u>	inches
Maximum Trench	n Depth of: <u>3</u>	5-18 inches	(Maximum soil cover sha	all 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
Conditions: Do Nos USE SSERDOWNS	~ ~		Aggregate Depth:	inches above pipe
Conditions: DO NOS USE STEPOONNS	- Run :	Dystem H:	<u>s 1</u>	inches total
CONTINUOUS LINE.				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SI	PTIC SYSTEM OR R	FPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA				
**If applicable: I understand the system type specified is different from a	the type specifie	d 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	-		v	
Construction Authorization is subject to compliance with the provisions of the laws and Rules for t	Sewage Ireatment and	Disposal and to the condition	ns of this permit. 3	EE ATTACHED SITE SKETCH
IMMI AU	0	-	2).).	
Authorized State Agent:	REAS	Date: _		
Const	ruction Authori	zation Expiration Da	ate: <u>'2 19 18</u>	1000-0-0-000 contractor



