HTE# 13-5-30669

Harnett County Department of Public Health

27290

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A	building	permit	cannot	be	issued	with	only	an	Improvement	Permit

	PROPERTY LOCAT	10N: Docs RD			
ISSUED TO: MCKEE HOMES LLC	SUBDIVISION	OAKMONT		LOT # \C	02
NEW 🖾 REPAIR 🗖 EXPANSION 🗖		Site Improvements required	I prior to Construction Authori	zation Issuance:	
Type of Structure: <u>SEO (53 AGY)</u>					
Proposed Wastewater System Type: PUMETO 25%, REDUCTION	2				
Projected Daily Flow: <u>480</u> GPD					
	nax				
Basement Yes XNo		••••••••••••••••••••••••••••••••••••••			
Pump Required: Xes 🗆 No 📃 May be required based on final loo				N 1	
Type of Water Supply: 🗆 Community 🖹 Public 🗆 Well Distance	e from well	LOO feet	Permit valid for:	Five years	
Permit conditions:			······	🗆 No expiration	n
			······		
	•	21.10			
Authorized State Agent:	Date:	3/5/13		ACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement P	permits. The permit Permit shall not be al	noider is responsible for checking ffected by a change in ownership	with appropriate governing bodies in of the site. This permit is subject to a	meeting their requirement compliance with the provis	ts. This sions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		/ 0 · · · · ·	······································		
Constru	iction Aut	horization			
	ired for Buildir				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .			his nermit and shall he met Systems	shall be installed in accor	rdance
with the attached system layout.		interprinted by references into a	nis permit and shan be met. Systems	shan oc mstaned in accord	Gance
ISSUED TO: Makee Homes LLC		\cap	Q.		
ISSUED TO: ITCHEE ITOINES LEC		LOCATION: Docs	K_D	1.65	
	SUBDIVISIO	N OAKMONT		lot # <u>_^C</u>	2
Facility Type: <u>SFD(53759</u>) KNew	🔲 Expansi	on 🗆 Repair			
Basement? 🗆 Yes 🛛 No 🛛 Basement Fixtures? 🔲 Yes	×N0				
Type of Wastewater System** Pump To 25% RED	VCTION		(Initial) Wastewater Flow: _	<u>480</u> GI	PD

		(
(See note below, if applicable)		
Pump Ta	25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches <u>1</u>	C C
Septic Tank Size 1000 gallons	Exact length of each trench <u> </u>	Trench Spacing: Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>18-8</u> inches
	Maximum Trench Depth of: $30-20$ 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
		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 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 Type site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred	d when there is a change in ownership of the site. This				
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 p	permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Date:	5-)3				

