Harnett County Department of Public Health

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HTE# 13-5-31237

A building permit cannot be issued with	1 only an Improvement Permit	
PROPERTY LOCA	TION: Docs RD	
ISSUED TO: MCKEE HOMES SUBDIVISION	OAKMONT	LOT # <u></u> X
NEW A REPAIR C EXPANSION C	Site Improvements required prior to Construction Authorizati	ion Issuance:
Type of Structure: 500 (44 × 67)		
Proposed Wastewater System Type: Pume 10 25% KEDUGION		
Projected Daily Flow: <u>6600</u> GPD		
Number of bedrooms: <u>5</u> Number of Occupants: <u>10</u> max		
Basement 🗆 Yes 🖂 No		
Pump Required: 🕰 no 🛛 🖾 May be required based on final location and eleva		
Type of Water Supply: 🗆 Community 💢 Public 🗆 Well Distance from well <u>1</u>	<u>oo</u> feet Permit valid for:	Five years
Permit conditions:	·	No expiration
	1	
Authorized State Agent:: Date:	5 20 13 SEE ATTACH	ED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	holder is responsible for checking with appropriate governing bodies in mee	eting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be a	iffected by a change in ownership of the site. This permit is subject to comp	pliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		

Construction Authorization

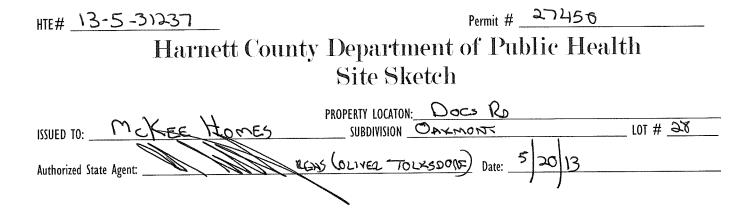
(Required for Building Permit)

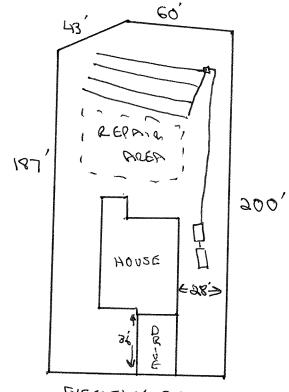
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: MCKEE HOME	5 PROPERTY LOCATION:	ocs Ro
		5 LOT # <u>28</u>
Facility Type: 500 (445267)	🔀 New 🛛 Expansion 🗆 Repair	
Basement? 🗆 Yes 🛛 🔀 No 🚬 Basement Fix	Tures? I Yes X No 25°/0 REDUCTION SUSTE	
Type of Wastewater System** Pumero	25% REDUCTION SYSTE	∞ (Initial) Wastewater Flow: <u>600</u> GPD
(See note below, if applicable □) Pump To	25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches	_
Septic Tank Size 1250 gallons	Exact length of each trench $\neg \leq$ feet	Trench Spacing: $ \underline{\sim} $ Feet on Center Soil Cover: $ \underline{\leftarrow} $ $ \underline{\leftarrow} $ inches
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover: <u>G-)</u> inches
	Maximum Trench Depth of: <u>18-24</u> 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.					
	D .				
Owner/Legal Representative Signature:	Date:				
This Construction Authorization is subject to revocation if the size plan, plat, or the intended use changes. The Construction A	uthorization shall not be transferred 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 Dispu	osal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Construction Authorization	Date: 5)20/13 on Expiration Date: 5/20/18				





EXECUTIVE OR