HTE#13-5-31523

## Harnett County Department of Public Health

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A	building	permit	cannot	be	issued	with	only	an In	nprovement	Permi	t
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	PROPERTY LOC	ATION: DOCS	KO	
ISSUED TO: MCKEE HOMES	SUBDIVISION	OBKMONT	1	LOT # 14
NEW 😿 REPAIR 🗆 EXPANSION 🗆		Site Improvements re	equired prior to Construction Autho	
Type of Structure: SED (7-1-62)				
Proposed Wastewater System Type: 25% REDUCTION				
Proposed Wastewater System Type: _25% REDUCTION Projected Daily Flow:480GPD				
Number of bedrooms: <u>4</u> Number of Occupants: <u>2</u>	max			
Basement 🗆 Yes 💢 No				
Pump Required: IYes KNO I May be required based on final	location and elev	ations of facilities		•
Type of Water Supply:  Community  Vell Dista	ance from well	100 feet	Permit valid for:	Five years
Permit conditions:				No expiration
Authorized State Agent:	Date:	7 22/13	SEE AT	TACHED 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 meeting their requirements. This 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.

## **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: Makee Homes	PROPERTY LOCATION:	scs RD
		LOT #_124
Facility Type: SED (77762)	🔀 New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🛛 🗙 No Basement F	ixtures? 🗆 Yes 🛛 🗙 No	_
Facility Type: <u>SFO (つうっらょ)</u> Basement? □ Yes □XNo Basement F Type of Wastewater System** <u> ふらり。</u>	REDUCTION SYSTEM	(Initial) Wastewater Flow: LRO GPD
(See note below, if applicable $\Box$ ) $25^{\circ}/{\circ}$	LEDUCTION SYSTEM (Repair)	
Installation Requirements/Conditions		_
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $230$ feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6 inches
	Maximum Trench Depth of: 12-17 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
Conditions: START LINES AT 12	DEEP NEAR HOUSE	Aggregate Depth: inches above pipe 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 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 changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This						
Construction Authorization is subjective 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: Construction Authori	Date: 7)22/13 zation Expiration Date: 7/22/18					

