HTE# 13-5-3525

Harnett County Department of Public Health

Improvement Permit

27523

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: McKEE Homes LLC SUBDIVISION O ALMONT Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Pump 10 25% REDUCTION Projected Daily Flow: Number of Occupants: 8 Number of bedrooms: Basement □Yes ☐ No May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well

Get Permit valid for: Permit conditions: No expiration 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. Makee Homes LLC PROPERTY LOCATION: Docs Ro SUBDIVISION OPERON. ☐ Expansion Basement? | Yes | No Basement Fixtures? | Yes | Xho
Type of Wastewater System** | Pump To 25% Reduction System (Initial) Wastewater Flow: 480 (See note below, if applicable □) Installation Requirements/Conditions Number of trenches Exact length of each trench 90 feet Trench Spacing: _____ Feet on Center Septic Tank Size 1000 gallons Pump Tank Size LOOO gallons Trenches shall be installed on contour at a Soil Cover: 6-12 Maximum Trench Depth of: 18 24 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. _____ ___ inches below pipe Aggregate Depth: _____ inches above 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: / 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 Construction Authorization in ubject to 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 Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Docs R	0
ISSUED TO: MCKEE HOMES ILC SUBDIVISION OPENODI	LOT # 30
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Authorized State Agent: Date OLIVER TOLKSPORT Date	:7 3 13

