HTE# 14-5-33357 R

Harnett County Department of Public Health

27928

Improvement Permit

A building permit cannot be issued with only an Improvement Perm PROPERTY LOCATION: BISON 2-N	
ISSUED TO: MCKEE HOMES LLC SUBDIVISION DAKMONT	LOT # 49
SUBMISSION DATE:	prior to Construction Authorization Issuance:
Type of Structure: 5FD (42×37')	prior to construction authorization issuance.
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement □Yes ➤ No	
Pump Required: □Yes → No □ May be required based on final location and elevations of facilities	
Type of Water Supply: Community Public Well Distance from well 100 feet	Permit valid for: Five years
Permit conditions:	No expiration
The state of	
Authorized State Agent:: REHS Date: 5 6 14	CEE ATTACHED CITE CULTCH
Authorized State Agent: 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 we have the second of the permit holder in the permit holder is responsible for checking we have the permit holder in the permi	SEE ATTACHED SITE SKETCH
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 Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	the site. This permit is subject to compliance with the provisions of
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 thi with the attached system layout.	s permit and shall be met. Systems shall be installed in accordance
ISSUED TO: MCKEE HOMES LIC PROPERTY LOCATION: BISO,	
Facility Type: SED (42×37) New Expansion Repair	LOT # <u>\\</u>
Basement? Yes No Basement Fixtures? Yes No	3(6)
	Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
/	
Installation Requirements/Conditions Number of trenches	9
•	ch Spacing: Feet on Center
· ·	Cover: inches
	faximum soil cover shall not exceed
	36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Agg	regate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAI	R 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 acc	cant the energifications of this name
- 1 approached to system type specified is affected from the type specified on the approachon, I all	ept the specifications of this periont.
Owner/Legal Representative Signature:	Date:
Owner/Legal Representative Signature: This Construction Authorization is subject to resocation if the site-plan, plat, or the intended use changes. The Construction Authorization shall not be transf	erred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
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Authorized State Agent: Date: 5	16/19
Authorized State Agent: Date: Date: Date:	

Harnett County Department of Public Health Site Sketch



