HTE#14-5-33875

Harnett County Department of Public Health

28006

m	provement	Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: CHERRY HILL DR

ISSUED TO: MCKEE HOMES LLC SUBDIVISION OAXMONT	LOT # 149								
NEW X REPAIR C EXPANSION Site Improvements required prior to Construction Authorization lss	uance:								
Type of Structure: $SFO(46736')$									
Proposed Wastewater System Type: 25% REDUCTION SYSTEM									
Projected Daily Flow: 480 GPD									
Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u> max									
Basement 🗆 Yes 📉 No									
Pump Required: 🗆 Yes 🔀 No 🛛 🗖 May be required based on final location and elevations of facilities									
	ive years								
Permit conditions:	o expiration								
Authorized State Agent:: RE+S Date: 62514 SEE ATTACHED SI									
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 the	ir requirements. This with the provisions of								
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit hall not be affected by a change in ownership of the site. This permit is subject to compliance the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	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 this permit and shall be met. Systems shall be in with the attached system layout.	taned in accordance								
ISSUED TO: MCKEE HOMES LLC PROPERTY LOCATION: CHERRY HILL DR									
SUBDIVISION OAXMONT.	OT # <u>149</u>								

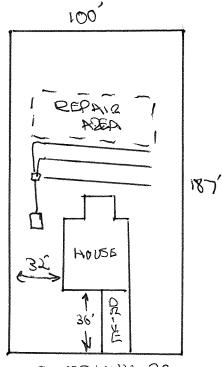
Facility Type: SFD(46'	<u>'*36')</u>	_ 🏹 New 🛛 Exp	oansion 🛛	Repair			
Basement? Ves	Basement Fixtu	res? I Yes No				1510	
Type of Wastewater System**	25%. KE	JOUCTION SYST	1Em		(Initial) Wastewater Flow:	<u>1780</u> C	iPD
(See note below, if applicable \Box)							
_	2570 K	EDUGION	(Repair)				
Installation Requirements/Condition	<u>2</u>	Number of trenches $\underline{3}$			C		
Septic Tank Size <u>1000</u>	gallons	Exact length of each trench	70	feet	Trench Spacing:	_ Feet on Center	
Pump Tank Size		Trenches shall be installed or			Soil Cover: <u>G-18</u>	inches	
		Maximum Trench Depth of: _	18-30	inches	(Maximum soil cover shall	not exceed	
		(Trench bottoms shall be leve	el to +/-1/4"		36" above the trench bo	.tom)	
		in all directions)					
Pump Requirements:	ft. TDH vs	GPM				inches below	v pipe
					Aggregate Depth:	inches abov	/e pipe
Conditions:						inche	s 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 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 subject to complisence with the provisions of the Laws and Rules for Sewage Treatment and Disposal	al and to the conditions of this permit. SEE ATTACHED SITE SKETC	.H			
Authorized State Agent: Construction Authorization	Date: 62514				





CHERRY HILL OR