28069

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION STOCK OVD STOCK RD Deenwood Homes I-LC SUBDIVISION OXFORD WOODS Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% PRADUCTO Mumber of Occupants: Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities ☐ No Pump Required: ☐Yes Type of Water Supply:

Community Public

Well Distance from well feet Five years Permit valid for: ■ No expiration Permit conditions: 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 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: Deenwood Homes 110 PROPERTY LOCATION: SNICOS OMS THE ROSUBDIVISION OX FORD WOODS LOT # 11

Expansion
Repair Expansion Facility Type: _____ 7 No Basement Fixtures? Yes Basement? Yes (Initial) Wastewater Flow: 365 GPD Type of Wastewater System** (See note below, if applicable) Number of trenches Installation Requirements/Conditions Septic Tank Size Pump Tank Size gallons Exact length of each trench _240 Trenches shall be installed on contour at a Maximum Trench Depth of: 36ラ18 (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. ____ 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: 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 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:

HTE# 14-5-3452612

Permit # <u>28069</u>

Harnett County Department of Public Health Site Sketch

ISSUED TO: Decriposo Homes (10 SUBDIVISION OXFORD WOODS LOT # 11

Authorized State Agent: James & Marchant Date: 9-12-14

