HTE# 15-5-35453

Harnett County Department of Public Health

28311

Improvement Permit

A build	ing permit	cannot be issued	with only	an Improvement	Permit
		DBODCDTV I	OCATION.	1)FEAT	ancie Ro

ISSUED TO: H+H ONSITE HOMES LLC SUBDIVISION		LOT # 00 G
NEW) REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to Construction Authorization I	ssuance:
Type of Structure: SED (2-1'×50')		
Proposed Wastewater System Type: <u>25% & REDUCTION System</u> Projected Daily Flow: <u>4780</u> GPD		
Projected Daily Flow:YO GPD	•••••••	
Number of bedrooms: <u> </u>		
Basement 🗆 Yes 🖂 No		
Pump Required: \Box Yes \rightarrow No \Box May be required based on final location and eleva Type of Water Supply: \Box Community \supset Public \Box Well Distance from well <u>\</u>	ations of facilities	
Type of Water Supply: \Box Community $igtriangleticow igtriangleticow igtrangleticow ig$	<u> </u>	Five years
Permit conditions:		No expiration
Authorized State Agent. Date.	3 SEE ATTACHED S	ITE 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

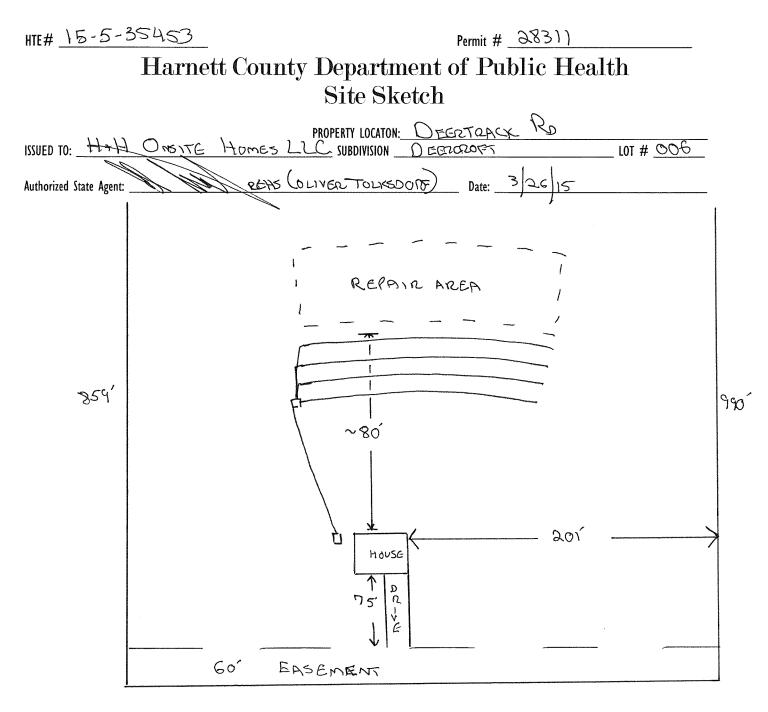
(Required for Building Permit)

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: 1++ 1-1 0~	SITE HOME	S LLC PROPERTY LOCATIO	N: DEC	ERTRACK RO		
			EERCAC	DET	LOT # 🔿 🔿	6
Facility Type: SFO (27)	x = 0	New 🗆 Expansion	Repair	·		
Basement? 🗆 Yes 🛛 🕅 No	Basement Fixtu	ires? 🗆 Yes 🖂 No				
Type of Wastewater System**	25%2 1	res? [] Yes X. No REDUCTION SYSTEM		(Initial) Wastewater Flow:	<u>480</u> GPI	D
(See note below, if applicable)					
	25%	REDUCTION STS (Repair)				
Installation Requirements/Condition	ns	Number of trenches		5		
Septic Tank Size 1000	gallons	Exact length of each trench 100	feet	Trench Spacing:	Feet on Center	
Pump Tank Size	gallons	Trenches shall be installed on contour at	a	· · · ·	inches	
	0	Maximum Trench Depth of: 🔍 - 36	inches	(Maximum soil cover shall r	not exceed	
		(Trench bottoms shall be level to +/-1/4		36" above the trench bott	tom)	
		in all directions)			,	
Pump Requirements:	ft. TDH vs.	GPM			inches below	pipe
		-		Aggregate Depth:	inches above	
Conditions:					inches t	•••

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	
Construction Authorization is there 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: Date:	5



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