## Harnett County Department of Public Health

HTE# 15-5:357378

28315

Improvement Permit

A	building permit cannot be issued v			
ISSUED TO: McKEE HOMES	LLC PROPERTY LO	CATION: ECON	DRIVE	10T # 1))
NEW REPAIR FXPANSIC		OAKMONT	uired prior to Construction Author	LOT # $$
NEW REPAIR C (5 4) ANSIC Type of Structure: SED (5 4) ANSIC	",') 	site improvements requ		ization issuance.
Proposed Wastewater System Type: 2570 KEC	DUGION SYSTEM	· · · · · · · · · · · · · · · · · · ·		
Projected Daily Flow: <u>480</u> GPD				
Number of bedrooms: Y Number of Occur	pants: <u>X</u> max			
Basement Yes No			10 <sup>1</sup> 10 <sup>1</sup> 100	
	ired based on final location and ele			~
Type of Water Supply:  Community X Public Permit conditions:	□ Well Distance from well _	<u>100</u> feet	Permit valid for:	Five years
				🗆 No expiration
ind the				
Authorized State Agent::	REHS Date:	4/14/15	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	tees the issuance of other permits. The per	nit holder is responsible for chec	king with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use c the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not b s of this permit	e affected by a change in owner	ship of the site. This permit is subject to	compliance with the provisions of
	s si una perinti.			
	Construction A	uthorization		
	(Required for Bui	lding Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.			nto this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: MCKEE Homes	L2C PROPER	TY LOCATION: <u>Ec</u>	LIN DRIVE	
and last start)	SUBDIVI	ion Oakma	7710	LOT # 1121
Facility Type: SFO(5 4'×4 1')	🔄 🕱 New 🗆 Expa	nsion 🛛 Repair		
Basement? □ Yes	ures? 🗆 Yes 🛛 🗶 No 🚬			
Type of Wastewater System**	REDUCTION S	DYSTEM	(Initial) Wastewater Flow: _	<u>480</u> GPD
(See note below, if applicable ) Pumer	0 25% RED	(Repair)		
Installation Requirements/Conditions	Number of trenches G	(F)		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench _	60 feet	Trench Spacing: 9 Soil Cover: 6	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on	contour at a	Soil Cover: C	nches
	Maximum Trench Depth of:		(Maximum soil cover shall r	
	(Trench bottoms shall be level		36" above the trench bott	

in all directions)
Pump Requirements: \_\_\_\_\_\_ft. TDH vs. \_\_\_\_\_ GPM \_\_\_\_\_\_\_inches below pipe
Aggregate Depth: \_\_\_\_\_\_\_ inches above pipe
Conditions: \_\_\_\_\_\_\_ inches 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: / 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 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: QGDS Date: Construction Authorization Expiration Date:	15-1-1-20

