HTE# 15-5-36543 Harnett County Depart	ment of Public Health 28469
Improveme	nt Permit
A building permit cannot be issued	
PROPERTY IC	CATION: ST. 1006 OI IS STACES RA
	OXPORD WOODS IN # 18
NEW I REPAIR C EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure:	
Proposed Wastewater System Type: 25% 76700000	
Projected Daily Flow: GPD	
Number of bedrooms: Number of Occupants: max BasementYes No	
Pump Required: 🛛 Yes 🗌 No 🗌 May be required based on final location and el	evations of facilities
· · · · · · · · · · · · · · · · · · ·	feet Permit valid for: Five years
Permit conditions:	No expiration
	·
5 M. I.F.	
Authorized State Agent: Date:	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The pe site is subject to revocation it the site plan, plat, or the intended use changes. The Improvement Permit shall not	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
Construction A	uthorization
(Required for Bu	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .195 with the attached system layout.	
ISSUED TO: S MARK TROPERTIES PROPER SUBDIV	ITY IOCATION: 82 INI OLD STREEPA
ISSUED TO: TROPERFIES FROFE	ITY LOCATION: BR/DDG OID STAGE PA
	ansion 🗆 Repair
Basement? Ves No Basement Fixtures? Yes No	A (Initial) Wasternature Flaure ZC 2 CBD
Type of Wastewater System** Pumpto 7520 Ked	untro- (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable ) $\mathcal{P}$	(Repair)
	(nepair)
	feet Trench Spacing: Feet on Center
Septic Tank Size 1003 gallons Exact length of each trench.	
Pump Tank Size gallons Trenches shall be installed on Maximum Tunach Dath of	
Maximum Trench Depth of:	
(Trench bottoms shall be leve	to +/-1/4" 36" above the trench bottom)
in all directions)	instea below ring
Pump Requirements:ft. TDH vs GPM	Accurate Danth inches below pipe
Con fizione	Aggregate Depth: inches below pipe inches above pipe inches total
Conditions:	
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 spec	ified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
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
Mala H	
Authorized State Agent: Date: Date: Date: Date: Date:	
Construction Authorization Expiration Date:7-15-15	

HTE# 15-5-36543 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON SC / BOG OID STREERS ISSUED TO: SMARK Properties SUBDIVISION DESTED WOODS LOT # 18 Authorized State Agent: James C MANHAMPE Date: 7-15-15-41 55 Pup to 28 25 Red Repair 다 P ירן' 16 550 しアエノ 40

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