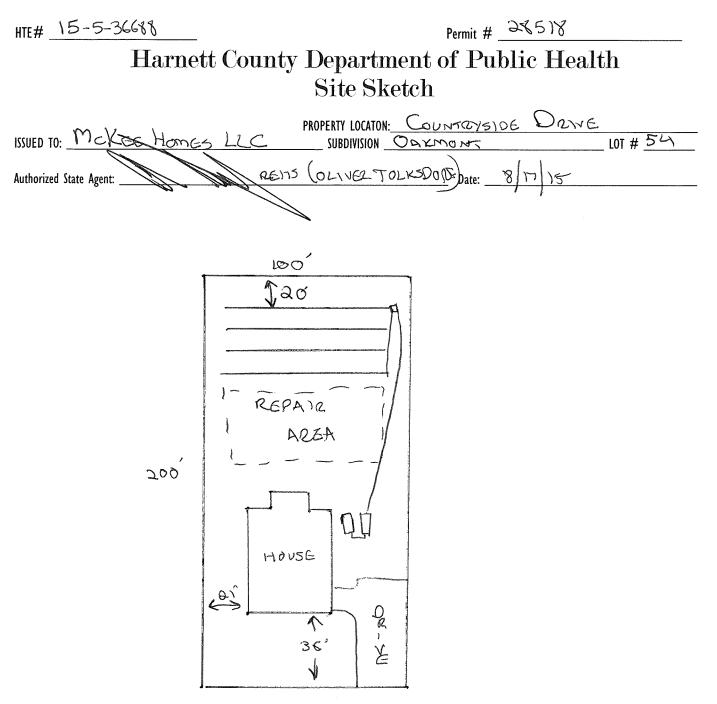
HTE# 15-5-366-88 Harnett County Department of Pub	ic Health 285	18
Improvement Permit		
A building parmit cannot be issued with only an Improvement	Permit	
ISSUED TO: MCKEE HOMES LLC SUBDIVISION DAKMONG	RYSIDE DRIVE	51
ISSUED TO: JUDITED LC SUBDIVISION UAK MONK		LOT # <u>54</u>
NEW K REPAIR C EXPANSION Site Improvements rec Type of Structure: SFD (59' × 41') Site Improvements rec	uired prior to Construction Authorization Issu	ance:
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 480 GPD		
Number of bedrooms: Number of Occupants: max		
Basement Ves X No		
Pump Required: Description Description May be required based on final location and elevations of facilities Type of Water Supply: \Box Community \Box Public \Box Well Distance from well l \bigcirc feet	Permit valid for: 🔀 Fiv	A VOOR
Permit conditions:		expiration
		-r
Authorized State Agent:: Date: 8 17 15	SEE ATTACHED SITE	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for the 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 own	cking with appropriate governing bodies in meeting their rship of the site. This permit is subject to compliance w	r requirements. This it the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		i
<u>Construction</u> 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 inst	alled in accordance
with the attached system layout.	0	
ISSUED TO: MCKEE HOMES 22C PROPERTY LOCATION: CO	UNTRYSIDE DRIVE	ی م هوه
Facility Type: <u>SFO (SYXLI)</u> X New Expansion Repair	L0	T #
Basement? ☐ Yes IN No Basement Fixtures? ☐ Yes No Type of Wastewater System** _25% REDUCE VN 5-755Cm (RUMP)		5
	(Initial) Wastewater Flow:	GPD
(See note below, if applicable) 25%, RED, Rump (Repair)		
Installation Requirements/Conditions Number of trenches		
Septic Tank Size 1000 gallons Exact length of each trench <u></u> feet	Trench Spacing: 9 Feet on	Center
Pump Tank Size 2000 gallons Trenches shall be installed on contour at a	Trench Spacing: $\underline{9}$ Feet on Soil Cover: $\underline{6-72}$ inches	
Maximum Trench Depth of: <u>18-24</u> inches	(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 GPM	inc	hes below pipe
	Aggregate Depth: in	
Conditions:		inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	EPAIR 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	
<u>n applicable.</u> I understand the system type specified is unterent from the type specified on the application	r accept the specifications of this perint	

Owner/Legal Representative_Signature:	Date:	
This Construction Authorization is subject to revocation 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: LGNS Date: 8 715 Construction Authorization Expiration Date: 8 7720		



COUNTRYSIDE ORIVE