HTE# 15-5-36801

Harnett County Department of Public Health

28516

Improvement Permit

A building permit cannot be issued with only an Improvement Permit		
ISSUED TO: Mckee Homes	PROPERTY LOCATION: BISON LN	
NEW REPAIR . EXPANSIO		LOT # <u>\\ G</u>
NEW REPAIR CAG STructure: REPAIR CAG STRUCTURE REPAIR CAG STRUCT	N 🗆 Site Improvements required prior to Con	istruction Authorization Issuance:
Proposed Wastewater System Type: 25% Rec	WERLAN SYSTEM	
Projected Daily Flow: GPD	0011134 = 75 (6.11)	
Number of bedrooms: Number of Occup	ants: 8 max	
Basement 🗆 Yes No	illax	
	red based on final location and elevations of facilities	
Type of Water Supply: Community Public Permit conditions:	☐ Well Distance from well VCCC feet Pern	nit valid for: 🗷 Five years
	1	
	0/200	
Authorized State Agent::	QG75 Date: 8 77 15	SEE ATTACHED SITE 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	
The construction and installation requirements of Rules 1950 1957 19	(Required for Building Permit) 54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and sh	rell he mad Gustama shell he hadalled he considerate
with the attached system layout.		
ISSUED TO: MICKEE HOMES	PROPERTY LOCATION: BISON L	.~
	aummuratur (Pam	LOT # 46
Facility Type: 580 (467,36)	New 🗌 Expansion 🔲 Repair	
Basement? 🗆 Yes 🔀 No Basement Fixtures? 🗆 Yes 🖎 No		
Basement? □ Yes ☑ No Basement Fixtures? □ Yes ☑ Yoo Type of Wastewater System** ② ○ REDVCTION SY3=GM (Initial) Wastewater Flow: ☐ YOO GPD		
(See note below if applicable [7])		
25%	REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches 💛	
Septic Tank Size) © O O gallons		Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover:	inches
Sanons	10 3 3	il cover shall not exceed
	•	
		the trench bottom)
D D	in all directions)	
Pump Requirements:ft. TDH vs		inches below pipe
	Aggregate Dept	h: inches above pipe
Conditions:		inches total
NATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
VO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.		
**If and all and and the material to a second of the first of the second		
**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:	/Legal Representative Signature: Date:	
onstruction Authorization is subject to compliance with the provisions of	the Laws and Kules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
	1.1-	
Authorized State Agent: Date: 8 17 15		
Authorized State Agent: Date: 8 17 15 Construction Authorization Expiration Date: 8 17 20		

Harnett County Department of Public Health Site Sketch

