HTE# 15.5-5718)

## Harnett County Department of Public Health

28549

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

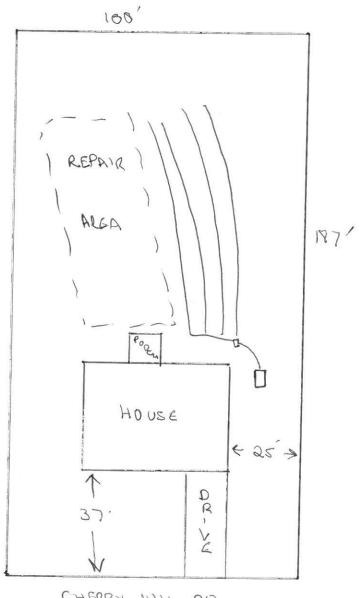
		A bunding permit can		FION: Docs		
ISSUED TO: H+H C	ONSTRUCTO	14	SIIRDIVISION	ONEMONT		LOT # 94
NEW REPAL		SION 🗆	_ 300011131011		quired prior to Construction Aut	
Type of Structure: 550	50×34)	NOTE LES		site improvements re	quired prior to construction Aut	nonzation issuance.
Proposed Wastewater System 1	IVAP. 250/1 Pr	EDVENIN S	JYJEN			
Projected Daily Flow:						
Number of bedrooms:		cupants: 8	max			
Basement □Yes ⊠No		cupants	_IIIax			
Pump Required: □Yes		quired based on final I	ocation and alaya	tions of facilities		-
Type of Water Supply:   Co		Well Distant	nce from well \	on foot	Permit valid for:	Five years
Permit conditions:		Well Distan	ice irom wen <u>p</u> <	icet	i cillit vallu loi.	☐ No expiration
						Li No expiration
				2001		
Authorized State Agent::	111	A DENS	Date:	10/27/15	(FF	ATTACHED SITE SKETCH
The issuance of this permit by the He	alth Department in no way gu	arantees the issuance of othe	er permits. The permit	holder is responsible for ch	ecking with appropriate governing bodies	s in meeting their requirements. This
site is subject to revocation if the site	e plan, plat, or the intended us	e changes. The Improvement	Permit shall not be a	ffected by a change in own	ership of the site. This permit is subject	to compliance with the provisions of
the Laws and Rules for Sewage Treatm	ient and Disposal and to condi	tions of this permit				
		Constr	uction Au	horization		
		2006	guired for Buildi			
The construction and installation requi	rements of Rules 1950 1957				into this permit and shall be met. Syste	ome shall be installed in accordance
with the attached system layout.	rements of hales 11750, 11752,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.1750. and .1757 are	incorporated by references	into this permit and shall be met. systi	sins shall be installed in accordance
150152 TO H > 11 C	~	- 1		$\cap$	0	
1770FD 10: 11, 2 02	- CASTON CT	503	PROPERTY	LOCATION: +	co Ro	
ISSUED TO: H+H C	60000		SUBDIVISIO	NOWWOOD N	5	LOT # 94
Facility Type:	20×39)	New	□ Expansi	on 🗆 Repair		
Basement?   Yes	₹ No Basement F	ixtures?    Yes	⊠ No			
Type of Wastewater System*	* 25%	REDVELO	N 5455	EM	(Initial) Wastewater Flow	v: 480 GPD
(See note below, if applicable	le [])				() ******************************	·
/ The state of the	25%	REDVE	1001	(Renair)		
Installation Requirements/Con		Number of trenc		_(nepair)		
Septic Tank Size 100		Exact length of		D 600	Trench Spacing:	C
5					rench spacing:	Feet on Center
Pump Tank Size	gallons	Trenches shall be			Soil Cover: 12	
				34 inches	(Maximum soil cover shal	
		(Trench bottoms	shall be level to	+/-1/4"	36" above the trench b	ottom)
		in all directions)				
Pump Requirements:	ft. TDH vs	GPM				inches below pipe
					Aggregate Depth:	inches above pipe
Conditions:						inches total
						menes total
WATER LINES (INCLUDING	IDDICATION AUG	DE JOET FROM A	NV DART OF CE	DTIC CUCTELL OD I	SERVIN AND A	
WATER LINES (INCLUDING				HIIC SAZIEW OK I	REPAIR AREA.	
NO UTILITIES ALLOWED IN	I INITIAL OR REPAIR	DRAIN FIELD ARE/	4.			
**If applicable: / understand	the system type specifi	ind is different from	the type specific	d on the application	I accept the specifications o	( diei
ii applicable. I understand	ine system type specim	eu is uitterette trotti t	the type specified	и он те аррисаціон.	. I accept the specifications o	t this permit.
Ouman/Land Danuscustation C	··				2	
Owner/Legal Representative S					Date:	
					be transferred when there is a change in	
Construction Authorization is subject to	compliance with the provisions	of the Laws and Rules for !	sewage Treatment and	Disposal and to the conditi	ons of this permit. SE	E ATTACHED SITE SKETCH
					1 1	
Authorized State Agent: _	AM I	1 (189)	REMS	Date:	102715,	
•		Const	ruction Authoria	ation Expiration D	1 14 1	
		CONST	- Condition II	Expiration D		

HTE#	15-	5-37181	
IIILTT	Service .	2 2 1 1 0 1	

Permit # 28549

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Dos D	
ISSUED TO: H+H CONTROVCTORS	SUBDIVISION OAKMONT	LOT # <u> </u>
Authorized State Agent:	ROM (OLNER TOLKSDOPS) Date: 10/27/15	0



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