

HTE# 15-53763902

Harnett County Department of Public Health

28769

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: WINGED FEET DR.

ISSUED TO: H+H Orange Homes

SUBDIVISION WALNUT GROVE

LOT # 004

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: SFO (35'x42')

ALL UTILITIES WILL NEED TO BE RELOCATED

Proposed Wastewater System Type: Pump To 25% Reduction

From Front Right Corner Of Lot To

Projected Daily Flow: 360 GPD

Accomodate 10' Drive Directly Adjacent

Number of bedrooms: 3 Number of Occupants: 6 max

Basement Yes No

TO PROPERTY LINE

Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well 100 feet

Permit valid for: Five years

Permit conditions: _____

No expiration

Authorized State Agent: _____

PLMS

Date: 3/22/16

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

(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 installed in accordance with the attached system layout.

ISSUED TO: _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT # _____

Facility Type: _____ New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD

(See note below, if applicable)

(Repair)

Installation Requirements/Conditions

Septic Tank Size _____ gallons

Number of trenches _____

Pump Tank Size _____ gallons

Exact length of each trench _____ feet

Trench Spacing: _____ Feet on Center

Trenches shall be installed on contour at a

Soil Cover: _____ inches

Maximum Trench Depth of: _____ 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

Aggregate Depth: _____ 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: 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: _____ 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: _____ Date: _____

Construction Authorization Expiration Date: _____