HTE# 15-5-37712

Harnett County Department of Public Health

28634

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

n bulliang perint of	PROPERTY LOCA	TION:	003	Ro	
ISSUED TO: H+H CONSTRUCTORS	SUBDIVISION	Oakma			LOT # 92
NEW→ REPAIR □ EXPANSION □		Site Improver	ments requ	uired prior to Construction Auth	orization Issuance:
Type of Structure: SFQ (S4×53)					
Proposed Wastewater System Type: 25% REDVETIONS	75.				
Projected Daily Flow: GPD					
Number of bedrooms: 4 Number of Occupants: 5	max				
Basement 🗆 Yes 🔀 No					
Pump Required: ☐Yes ☐No ☐ May be required based on fina					
Type of Water Supply: Community Public Well Dis	tance from well	00	feet	Permit valid for:	☐ Five years
Permit conditions:					No expiration
THE AS	DEUKT-UP-				
Authorized State Agent.		16/16		APP A	TACHER CITE CULTCH
Additionized State Agent	Dutc.	1-1-	ible for abou		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 lesponsible 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.					
Cons	truction Au	<u>thorizati</u>	<u>on</u>		
	Required for Buildi				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19 with the attached system layout.					ems shall be installed in accordance
ISSUED TO: H+H CONSTRUCTORS	PROPERTY	LOCATION: _	0,	ics Ro	
	SUBDIVISIO	DIA O AG	mon-	7	LOT #92
Facility Type: SCO (54×53) Nev	w Expans		Repair		
Basement? Yes No Basement Fixtures? Yes	No.		5,800		
Type of Wastewater System** 25% Reduces	lon S	YSTEM	`	(Initial) Wastewater Flow	r: 480 GPD
(Can note helew if applicable [])					
(see note below, if applicable (1) 25% RGD.	Syg	_(Repair)			
Installation Requirements/Conditions Number of tre		—(·····)			
	of each trench	0	feet	Trench Spacing:	Feet on Center
	be installed on c		_ 1001	Soil Cover: 6-18	_ inches
	nch Depth of: $\frac{18}{1}$		inches	(Maximum soil cover sha	
			IIICIIe3	· · · · · · · · · · · · · · · · · · ·	
Control of the contro	ms shall be level t	10 +/-1/4		36" above the trench b	ottomi
in all direction	ns)				
Pump Requirements:ft. TDH vs GPM					inches below pipe
				Aggregate Depth:	inches above pipe
Conditions:				9-	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:					
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 societ to compliance with the provisions of the Laws and Rules	for Sewage Treatment an	nd Disposal and to	the condition	ons of this permit.	EE ATTACHED SITE SKETCH
Authorized State Agent:				1/6/16	
60	gstruction Author	rization Expi	ration D	ate: 1 6 27	

Harnett County Department of Public Health Site Sketch

