HTE#16-5-37852R

Harr.... County Department of Public alth

28793

Improvement Permit

A	DEADERTY LOCATI	ON: COUNTO		
ISSUED TO: Makes Homes 1		DAKMONT	15106	LOT # 95
NEW REPAIR T EXPANSION			ired prior to Construction Authoriz	
Type of Structure: SEO (57 ×40')				
Proposed Wastewater System Type: 25% RGD	WOTION SYS.			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupa	ants:max			
Basement Yes No				
	red based on final location and elevati			
Type of Water Supply: Community Public	☐ Well Distance from well	feet feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Australiand Const. Account	RGHS Date:	4/29/16	CEE ATT	CUED CITE CVETCU
Authorized State Agent:: The issuance of this permit by the Health Department in no way guaran				CHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to conditions	nanges. The Improvement Permit shall not be af			
Construction Authorization				
	(Required for Buildin	g Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.		,		
ISSUED TO: MORGE Homes L	PROPERTY SUPPLYISION	LOCATION: CO	MYCOUSIDE DRI	LOT # 95
Facility Type: SFO (57 ×40')	New Expansi	on Repair	17	101 #
Basement? Yes No Basement Fixt	ures? 1 Yes No Sys			
Type of Wastewater System** 25%	REDUCTION SYS	55EM	(Initial) Wastewater Flow:	SCO GPD
(See note below, if applicable \square)	0 - 0	_(Repair)		
Installation Requirements/Conditions	Number of trenches	_(nepair)		
	Exact length of each trench	225 feet	Trench Spacing: 9	Foot on Contar
				nches
Pump Tank Size gallons	Trenches shall be installed on co			
	Maximum Trench Depth of:		(Maximum soil cover shall r	
	(Trench bottoms shall be level to	+/-1/4	36" above the trench bott	om)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SE	PTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
**If applicables I understand the system type specified	is different from the time specific	d on the application	I account the specifications of	thic normit
**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				
The first state of the same and				
Addition to the State of the St	RENK	D .	ubalus	
Authorized State Agent.				
Construction Authorization Expiration Date: 4 29 2				

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: COUNTRYSTOE DRIVE

SUBDIVISION DARMONT LOT #

