## HTE# 16-5-38211 Harnett County Department of Public Health

28828

Improvement Permit

ISSUED TO: S-MARK Properties

PROPERTY LOCATION: St. 1006 01D STAGE 2D

SUBDIVISION DYFORD WOODS

NEW REPAIR EXPANSION 

EXPANSION 

Site Improvements required prior to Construction Authorizan Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% NOTON WWW Projected Daily Flow: 360 GPD Number of Occupants: \_\_ 6 max Number of bedrooms: 3 Basement Yes / No ☐ May be required based on final location and elevations of facilities Pump Required: ☑Yes ☐ No ☑ Five years Permit valid for: Permit conditions: ☐ No expiration 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 iLthe 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: 5-MANK Properties PROPERTY LOCATION: SULDO 6 013 STAGE RD SUBDIVISION OXFORD WOODS LOT # 1 Facility Type: SFD New Expansion Repair Basement? Yes No Basement Fixtures? Yes Type of Wastewater System\*\* Prup La 25% TVIDUCTUM (Initial) Wastewater Flow: 360 GPD (See note below, if applicable  $\square$ ) Installation Requirements/Conditions Exact length of each trench 80 feet Trench Spacing: 7 Feet on Center Trenches shall be installed on contour at a Soil Cover: 6 inches Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 24 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 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 SEE ATTACHED SITE SKETCH 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. Date: 4-8-16 Authorized State Agent.

Construction Authorization Expiration Date: \_\_\_\_ ー とって

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HTE#6-5-	58211

## Harnett County Department of Public Health Site Sketch

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ISSUED TO:	S-MARK Pre	peries	SUBDIVISION OXFO.	no wo	ODS	LOT #/
	Agent:				4-8-16	

