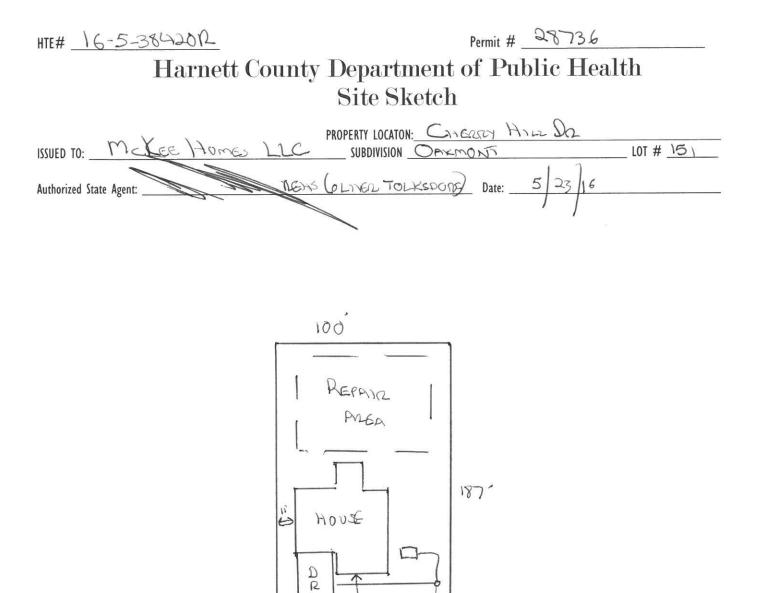
Harnett County Department of Public Health HTE# 16-5-38420R 28736 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit Da PROPERTY LOCATION: CINGRADI HILL MCKEE HOMES INC. ISSUED TO: SUBDIVISION O DIXMONT LOT # 15 EXPANSION 🗆 NEW REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25% REDUCTION JUSTEM Projected Daily Flow: ______ GPD Number of Occupants: 10 max Number of bedrooms: 5 Basement Yes No No Pump Required: 🗆 Yes 2KNo □ May be required based on final location and elevations of facilities Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 100 feet Five years Permit valid for: Permit conditions: □ No expiration ELES 23/16 Authorized State Agent .: Date: 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: MCKEE HOMES INC PROPERTY LOCATION: CHERRY HILL DR SUBDIVISION C LOT # 15) Facility Type: SGO(51+55) Expansion 🖾 New Repair No. Basement? Yes No No Basement Fixtures? Yes 250% REDUCTION SYSTEM Type of Wastewater System** (Initial) Wastewater Flow: COOGPD (See note below, if applicable []] PANEL BLOCK (Repair) Number of trenches Installation Requirements/Conditions Santic Tank Siza 1250 Event langth of an ---

| Septic Tank Size 1250 | gallons | Exact length of each trench $60 - 300$ feet | Trench Spacing: Feet on Center |
|-----------------------|-------------|--|--------------------------------------|
| Pump Tank Size | gallons | Trenches shall be installed on contour at a | Soil Cover: <u>C-)</u> inches |
| | | Maximum Trench Depth of: <u>18-22</u> 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 | 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. | | | | |
| Authorized State Agent: Date: Date: Date: Date: Date: | | | | |



CHERRY HILL DR

5,4

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