HTE#16-5-38661 Harnett County Department of Pub	lic Health 28742
Improvement Permit	
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Countraits 106 On	
ISSUED TO: I'CKEE HOMES LLC SUBDIVISION DALMONT	LOT # 55
NEW REPAIR EXPANSION Site Improvements re Type of Structure: SEO STATISTICS	quired prior to Construction Authorization Issuance:
Type of Structure: 5601 - 1 - 51	
Proposed Wastewater System Type: PUMET. 25% REDUCTION STSTEM	
Projected Daily Flow: <u>480</u> GPD Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u> max	
Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u> max Basement 🗆 Yes XNo	
Pump Required: Dres Do No May be required based on final location and elevations of facilities	
Type of Water Supply: \Box Community \square Public \Box Well Distance from well $\square \bigcirc \bigcirc$ feet	Permit valid for: Kive years
Permit conditions:	No expiration
Authorized State Agent:	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 ch	ecking 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 owr the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ership of the site. This permit is subject to compliance with the provisions of
the cases and holes for sewage reactifient and osposal 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: Make Itomes LLC PROPERTY LOCATION: COUNTRASIOE DO. SUBDIVISION ORCMONT LOT #	
Facility Type: SFO (ST XSI) X New Expansion Repair	<u> </u>
Basement? I Yes DK No Basement Fixtures? I Yes DKNo Type of Wastewater System** PUMP TO 25% REDUCTION SYSTEM	4.50 1480 000
(See note below, if applicable \Box)	(Initial) Wastewater Flow: 480 GPD
Pumeto 25% LOD. (Repair)	
Installation Requirements/Conditions Number of trenches1	0
Septic Tank Size \bigcirc	Trench Spacing: Feet on Center
Pump Tank Size 1600 gallons Trenches shall be installed on contour at a	Soil Cover: inches
Maximum Trench Depth of: inches	(Maximum soil cover shall not exceed
	36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inclusion below 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:	
Owner/Legal Representative Signature:	Date:
Construction Authorization is subject to compliance with the previsions 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:	5/30/16
Authorized State Agent: Date: Date: Date: Date: Date:	
Lonstruction Authorization Expiration Date:	



