Harnett County Department of Public Health

HTE# 16-5.3892929

29015

Improvement Permit

A building permit cannot be issued with	th only an Improvement Permit		
PROPERTY LOCA	ITION: Oocs RD		
ISSUED TO: Make Hones LLC SUBDIVISION	Oaxmons	LOT # 159	
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Author		
Type of Structure: SEO (41-259)		auton founde.	
Proposed Wastewater System Type: 25% RED. Sys		715	
Projected Daily Flow:GPD			
Number of bedrooms: Number of Occupants: Smax			
Basement 🛛 Yes 🔀 No			
Pump Required: 🗆 Yes 🛛 No 🛛 🗆 May be required based on final location and eleva	tions of facilities		
Type of Water Supply: Community Yet Public Well Distance from well	100 feet Permit valid for:	Five years	
Permit conditions:		No expiration	
)		
Authorized State Agent:: LENS Date:	9 8 16 SEE ATT	ACHED 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			

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 L	PROPERTY LOCATION:	ics Ro
	SUBDIVISION OAKMONT	LOT # 159
Facility Type: SFD(41-59)	New 🚬 🗆 Expansion 🛛 Repair	
Facility Type: SFD(41'-59') Basement? I Yes X No Basement Fi	xtures? 🗆 Yes 🖉 No	
Type of Wasternator Sustern** DCV ()	8 56	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable)	0	(~~~~) ~~~~~~~~~~~~~~~~~~~~~~~~~~~
(See note below, if applicable \Box) Panez	BLOCS (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench <u>240</u> feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: $\hat{b} = \hat{j} \hat{j}$ inches
	Maximum Trench Depth of: 18-22 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 a	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 tra	ansferred 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	of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Date:	9)8)14 5)8/21





