29344

HTE# 16-5-4047302 Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Im	5 0	(Old Stage Rd)
ISSUED TO: 5. Mark Properties SUBDIVISION OX	ements required prior to Construction Author	LOT # 9
Proposed Wastewater System Type: 25% Reduction Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occupants: Gmax Basement Yes No		
Pump Required: Yes No May be required based on final location and elevations of facili Type of Water Supply: Community Public Well Distance from well Permit conditions:		☐ Five years ☐ No expiration
Authorized State Agent: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsite is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a chattee Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	sible for checking with appropriate governing bodies i	TACHED SITE SKETCH n meeting their requirements. This compliance with the provisions of
Construction Authorizati	on	
(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.	references into this permit and shall be met. System	
	217 Oxford Woods	
Facility Type: 362 SFS (46' × 49') New Expansion	Repair	LOT # <u>9</u>
Basement? Tyes No Basement Fixtures? Yes No Type of Wastewater System** 25% Reduction 545 fem	/I-:4:-I\ W	26 0 000
(See note below, if applicable □) Pump 60	(Initial) Wastewater Flow:	_360 GPD
15% Ned 575ten (Repair) Installation Requirements/Conditions Number of trenches 3		
Septic Tank Size 1000 gallons Exact length of each trench 75	_ feet	Feet on Center
Pump Tank Size gallons	Soil Cover: I Z	
Maximum Trench Depth of: Z-4	inches (Maximum soil cover shall	
(Trench bottoms shall be level to $\pm \frac{1}{4}$ "	36" above the trench bot	tom)
in all directions)		
Pump Requirements:ft. TDH vs GPM		inches below pipe
Conditions:	Aggregate Depth: Z	inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTI	CAA OD DEDAID ADEA	
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. SEE ATTACHED SITE SKETCH		
Authorized State Agent:		
Construction Authorization Expiration Date: 03/28/21		

Harnett County Department of Public Health Site Sketch

