HTE#17-5-41370

Harnett County Department of Public Health

Improvement Permit

A building permit cann	PROPERTY LOCATION: SANDALMOOD Pare
ISSUED TO: MELLCO CONTRACTORING	SUBDIVISION 17,000 FORES FOR THE LOCATION 18
NEW REPAIR T EXPANSION T	Site Improvements required prior to Construction Authorization Issuance:
NEW REPAIR EXPANSION Type of Structure:	
Proposed Wastewater System Type: 25% REDUCTION SY:	57EM
Projected Daily Flow: 486 GPD	
	max
Basement □Yes → No	
Pump Required: ☐Yes ☐ No ☐ May be required based on final lo	
Type of Water Supply: Community Public Well Distan	
Permit conditions:	□ No expiration
11 20	
Authorized State Agent::	Date: 5 30)7 SEE ATTACHED SITE SKETCH
0	r permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	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.	
Constr	uction Authorization
	quired for Building Permit)
	.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.	
KUIED TO WELLED COLTORGOD INC	- PROPERTY LOCATION: SANDALMOUD DOLLE SUBDIVISION HIDDEN LAKES LOT # 78
1330ED 10.	SUBDIVISION HIS CARCY LARGE LOT # 78
Facility Type: SFO(45, 39) New	
	☐ Expansion ☐ Repair
	SNO S7576N (Initial) Wastewater Flow: 480 GPD
	510N 27576N (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable \square)	S->S . (Repair)
	(
Installation Requirements/Conditions Number of trenc	
Septic Tank Size 1060 gallons Exact length of	
,	e installed on contour at a Soil Cover: G-Y inches
	Depth of: 18-29 inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vs GPM	inches below pipe
w w.	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	A.
**If applicable: I understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
11 applicable. I understand the system type specified is unferent from	the type specified on the application. I accept the specifications of this permit.
Owner/Legal Pennscentative Signatures	Dates
Owner/Legal Representative Signature:	changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is suspect to revocation in the provisions of the Laws and Rules for	
companies and the household for the reast and the promption the reast and totals for	Service reconnects and suspense and to the conditions of this period.
Authorized State Agents	2/18
	Date: 5/30 17
Const	truction Authorization Expiration Date: 7/30/22

Harnett County Department of Public Health Site Sketch

