HTE# 17-5-4284822 Harnett County Department of Public Health

Improvement Permit

A b	uilding permit cannot be issued with	h only an Improvement I	Permit Drive Od Stage	11 No 50 100
ISSUED TO: Wellons Reality I		Oxford	woods	LOT # 34
NEW → REPAIR □ EXPANSION	the state of the s		ired prior to Construction Authoriz	
Type of Structure: 382 60'x 45' 51			·	
	whon Sys.			
Projected Daily Flow: 360 GPD	(-	<u> </u>		
Number of bedrooms: Number of Occupa	nts:max			
Basement ☐Yes ☐ No ☐ May be required: ☐Yes ☐ No ☐ May be required.	ed based on final location and eleva	ations of facilities		
Type of Water Supply: Community Public			Permit valid for:	Five years
Permit conditions:				☐ No expiration
Side entry garade 1	equied at 100	oft front	= setbula	
	tend greater.			
Authorized State Agent::	Date:	04/20/2		CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the site plan, plat, or the intended use ch	ees the issuance of other permits. The permit	affected by a change in owner	king with appropriate governing bodies in i ship of the site. This permit is subject to c	ompliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit	-/	, ,	
	Construction Au	ıthorization		
	(Required for Build	E		
The construction and installation requirements of Rules .1950, .1952, .19			nto this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: Wellons neality	TOC. PROPERT	Y LOCATION: SH E	aton Drive OHS	tax ed. No SRIC
13301.0 10.	SUBDIVISI	ION Oxford	woods	LOT # 34
Facility Type: 3B7 60'x46' SF	□ New □ Expan		VCC	
Basement? Yes No Basement Fixt	The second secon			
	25% reductio	a system	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable \square)	3/3/0			
Romp to 2	5% red. 5,5,	(Repair)		
Installation Requirements/Conditions	Number of trenches 3		0	
Septic Tank Size \coc gallons	Exact length of each trench	75 feet	Trench Spacing:/	Feet on Center
Pump Tank Size \\CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Trenches shall be installed on o	contour at a	Soil Cover: i	inches
	Maximum Trench Depth of:	10 inches	(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be level		36" above the trench bott	.om)
	in all directions)		: A	
Pump Requirements:ft. TDH vs	_ GPM		44	inches below pipe
- 1 - 1 - 1 - 1			Aggregate Depth: NA	inches above pipe
Conditions: Septic Area Shall &	e fenced, water	Fline Shall 1	æ	inches total
conditions: Septic Area Shall be	on lett ad	jacont 10	Lo	
WATER LINES (INCLUDING IRRIGATION) MUST E	BE 10FT. FROM ANY PART OF	SEPTIC SYSTEM OR I	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
**If applicable: / understand the system type specified	I is different from the type speci	ified on the application	I accent the specifications of	this nermit
^^1f applicable: I understand the system type specified	is amerent from the type specia	neu on the application	. I accept the specifications of	ins permit.
Owner/Logal Penrecentative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan,	plat or the intended use changes. The Const	ruction Authorization shall not		ownership of the site. This
Construction Authorization is subject to compliance with the provisions o				ATTACHED SITE SKETCH
Authorized State Agent:	Man Line	Date:	04/20/201	8
AND COLOR (NO. CONSTRUCTION Authorization Expiration Date: 04 12012083				

HTE# 17-5-42878nn

Permit # 29943

Harnett County Department of Public Health Site Sketch

