Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: DOCS RO ISSUED TO: MCKEE HOMES LLC SUBDIVISION ORKMONT LOT # 310 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 550 (74 x74') Proposed Wastewater System Type: 25% REDUCTION 3755Em (Rume) Projected Daily Flow: ____ LTS O Number of Occupants: 8 max Number of bedrooms: Basement Yes X. No ☐ May be required based on final location and elevations of facilities ☐ No Pump Required: Yes Type of Water Supply:

Community Public

Well Distance from well ______ feet Five years Permit valid for: ■ No expiration Permit conditions: 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, 1950, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance ISSUED TO: McKee Homes LLC PROPERTY LOCATION: OGG ROSSIBOLIVISION OAKMORT LOT # 3 10 Facility Type: 500 (74774) X New Expansion Basement? ☐ Yes ⋈ No Basement Fixtures? ☐ Yes ☐ No Pume To 25% DEDUCTION Sys. (Initial) Wastewater Flow: 480 Type of Wastewater System** (See note below, if applicable

) Installation Requirements/Conditions Exact length of each trench 150 feet Trench Spacing: Septic Tank Size LOGO gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: (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. ____ inches below pipe Aggregate Depth: inches above pipe 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. **|f applicable: | understand the system type specified is different from the type specified on the application. | accept the specifications of this permit. Owner/Legal Representative Signature: ___ 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

