

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: H+H CONSTRUCTORS
PROPERTY LOCATION: DOCS RD
SUBDIVISION: OAKMONT LOT # 303
Type of Structure: SFD (53'x56')
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 600 GPD
Number of bedrooms: 5 Number of Occupants: 10 max
Basement: No
Pump Required: No
Type of Water Supply: Public
Permit valid for: Five years

Authorized State Agent: [Signature] Date: 3/27/18 SEE ATTACHED 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 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: H+H CONSTRUCTORS
PROPERTY LOCATION: DOCS RD
SUBDIVISION: OAKMONT LOT # 303
Facility Type: SFD (53'x56')
Basement: No
Type of Wastewater System: 25% REDUCTION SYSTEM
(Initial) Wastewater Flow: 600 GPD
25% Red. Sys. (Repair)

Installation Requirements/Conditions
Septic Tank Size: 1250 gallons
Pump Tank Size: _____ gallons
Number of trenches: 1
Exact length of each trench: 210 feet
Trench Spacing: 9 Feet on Center
Soil Cover: 6-12 inches
Maximum Trench Depth: 18-24 inches
Pump Requirements: _____ ft. TDH vs. _____ GPM
Aggregate Depth: _____ inches below pipe, _____ 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.

**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: [Signature] Date: 3/27/18
Construction Authorization Expiration Date: 3/27/23

HTE# 18-5-43520

Permit # 30019

Harnett County Department of Public Health Site Sketch

ISSUED TO: H+H CONSTRUCTORS PROPERTY LOCATOR: DOCS RD
SUBDIVISION OAKMONT LOT # 303

Authorized State Agent: ~~_____~~ (RAY OLIVER TOLKSDORF) Date: 3/27/18

