Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 852 Cameron Hill ISSUED TO: Lakeisha McIver LOT # REPAIR _ EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: DWMH (28'x64') Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 480 Number of Occupants: 8 Number of bedrooms: 4_ Basement Yes 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 Permit valid for: No expiration Permit conditions: Authorized State Agent:: 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 intended use changes and it is subject to revocation if 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: Lakeisha McIver PROPERTY LOCATION: 852 Cameron Hill NOISIVIGAUS Facility Type: DWMH (28'x64') Repair Expansion Basement Fixtures? Yes Basement? Yes No Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 (See note below, if applicable) 25% Red Sys Number of trenches 1 Installation Requirements/Conditions Septic Tank Size 1000 gallons Exact length of each trench 400 Trench Spacing: 9 Feet on Center Pump Tank Size _____gallons Trenches shall be installed on contour at a Soil Cover: 6_____inches Maximum Trench Depth of: 18 inches (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 Conditions: 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: 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: _ Date: 5/10/23 Construction Authorization Expiration Date: 5/10/28

Harnett County Department of Public Health Site Sketch

