Har...tt County Department of Public ...ealth 27753 HTE# 13-5-32519R

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Imp	orovement Permit		
	ot be issued with only an Improvement P	ermit	
	PROPERTY LOCATION: BISON 2	2	
ISSUED TO: MCKEE HOMES LLC	SUBDIVISION OARMONT		lot # <u>48</u>
NEW A REPAIR C EXPANSION C STUCTURE: SEO (63,768)	Site Improvements requi	red prior to Construction Authorizati	on Issuance:
Proposed Wastewater System Type: 2-5% REDUCTION Syst	(0, ,)		
	in come		
Basement \Box Yes \searrow No	max		
Pump Required: 🗆 Yes 🖉 No 🛛 🗆 May be required based on final lo	cation and elevations of facilities		
	te from well <u>too</u> feet	Permit valid for:	Five years
Permit conditions:			No expiration
			L no expiration
	A		
Authorized State Agent::		SEE ATTACHE	ED 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	ng with appropriate governing bodies in meet	ting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of the result.	ermit shall not be affected by a change in ownersh	ip of the site. This permit is subject to comp	liance with the provisions of
RENIEC 1/29/14	REIS		
Constru	ection Authonization		
	iction Authorization		
	<u>uired for Building Permit)</u>		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	1958. and .1959 are incorporated by references into	o this permit and shall be met. Systems shall	be installed in accordance
	0		
ISSUED TO: MCKEEHOMES LLC	PROPERTY LOCATION: <u>6150</u>	NLN	
	PROPERTY LOCATION: <u>Biso</u> SUBDIVISION <u>Oakmon</u>	7	_ lot # <u>48</u>
Facility Type: <u>SFD(63[×]68[°])</u> X New	🗆 Expansion 🔲 Repair		
Basement? 🗆 Yes 🔀 No 🛛 Basement Fixtures? 🗆 Yes	No .		
Type of Wastewater System** 25% REDUCTION	System (Pump)	_ (Initial) Wastewater Flow: 💾	そつ GPD
(See note below, if applicable □)	Pring		
25% REDUCTION) (STALLAN) (Repair)		
Installation Requirements/Conditions Number of trench			
		Trench Spacing: Fee	et on Center
		Soil Cover: 12-18 inche	
		(Maximum soil cover shall not e	
	hall be level to $+/-1/4$ "	36" above the trench bottom)	EXCEED
in all directions)	18-2-2	Jo above the trench bottom	
Pump Requirements:ft. TDH vs GPM			inchas halaw air-
		Aggregate Denth:	_ inches below pipe
Conditions:			inches above pipe
			inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN		PAIR 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 compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal ar	IND TO THE CONDITIONS OF THIS PERMIT.		
Authorized State Agent: Reprise 1/29/21x Reprise 1/29/21x Reprise 1/29/21x Reprise 1/25/18 Reprise 1/25/18 Re			

