

Harnett County Department of Public Health

Improvement Permit

423 BISON LN

A building permit cannot be issued with only an Improvement Permit.

ISSUED TO: Lisa Meyers PROPERTY LOCATION: SL 1116 DOCS RD
 NEW REPAIR EXPANSION SUBDIVISION: Oakmont LOT # 48
 Type of Structure: Ex SFD Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% REDUCTION
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Markham JR RBHS Date: 11-9-20 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: Lisa Meyers PROPERTY LOCATION: SL 1116 DOCS RD
 Facility Type: Ex SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** _____ (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)
25% REDUCTION (Chamber) - low Pro?
 Installation Requirements/Conditions
 Number of trenches 1
 Septic Tank Size 150 gallons Exact length of each trench 400 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size 60 gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 16" max inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: 2 inches above pipe
 Conditions: Contractor to contact me Prior to install _____ 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: James E. Markham JR RBHS Date: 11-9-20
 Construction Authorization Expiration Date: 11-9-25

Application # EH 2008-

0009

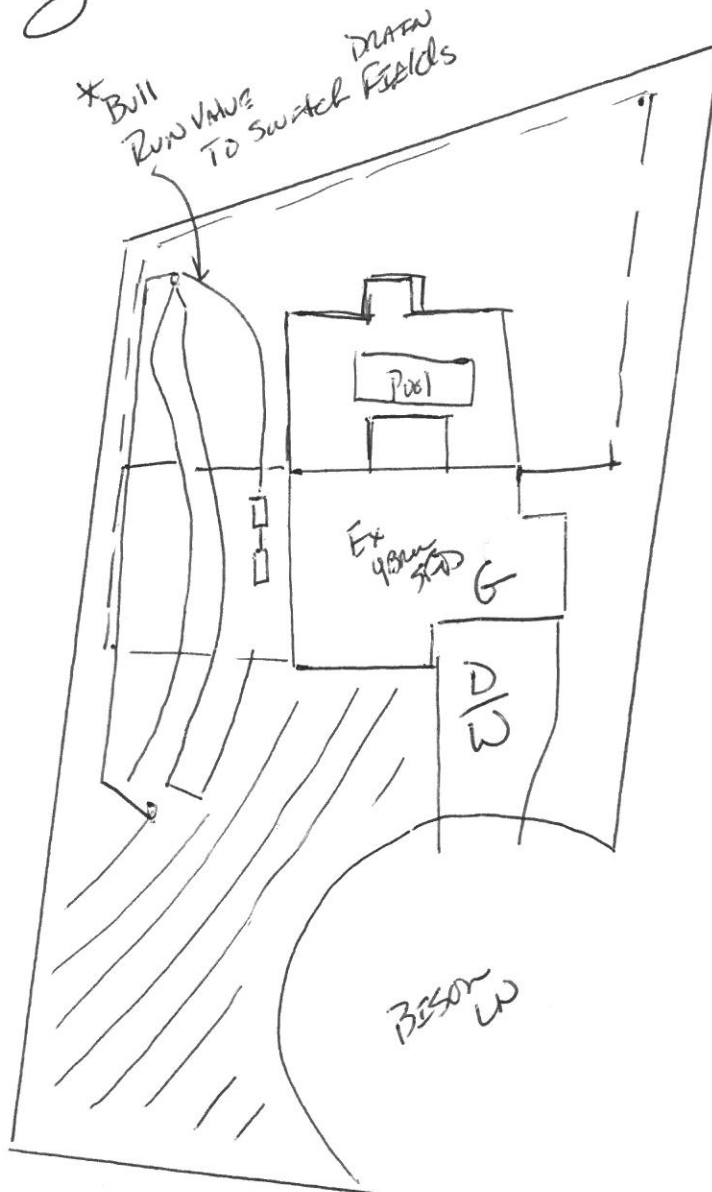
Harnett County Department of Public Health Site Sketch

423 Bison Ln

Property Location: OR 1116 DOC'S RD

Issued To: Lisa Meyers Subdivision Oakmont Lot # 48

Authorized State Agent: James E. Marshall Date: 11-9-20



* Contractor to Contact ME Prior to INSTALL

* Chamber to BE USED

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.