Harnett County Environmental Health

SITE SKETCH

9566-55-2961

Permit Number SFD2407-0041

Angela Lyon

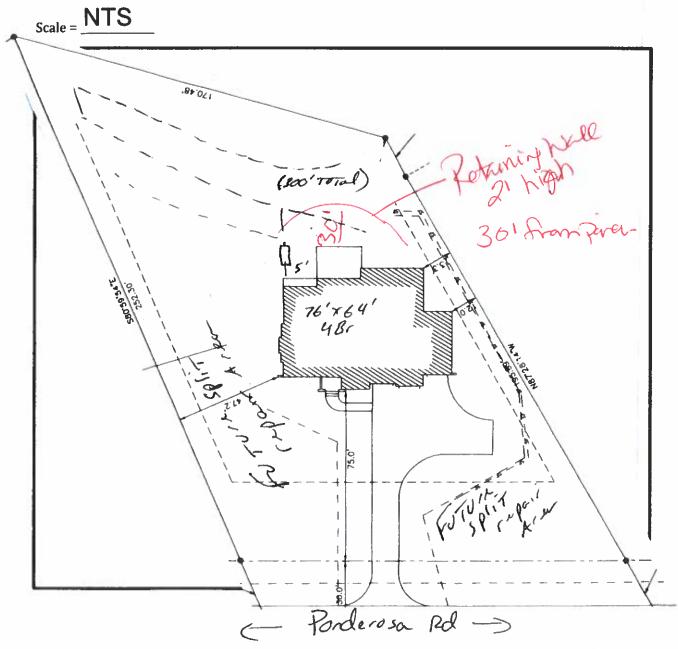
Applicant's Name Mark Osborne REHS

Authorized State Agent

Subdivision/Section/Lot Number 9-9-24

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.



Harnett County Environmental Health

File/Permit Number: SFD2407-0041

IMPROVEMENT PERMIT

County: Harnett	<u> </u>			
PIN/Lot Identifier: 9566-55-2961				
Owner: Angela Lyon	Applicant: Ange	Angela Lyon		
Property Location: 1710 Ponderosa Rd (SR	1201)			
Subdivision (if applicable)	Lot #:	Block: Section:		
New Expansion Facility Type: 72'x64' SFD	System Relocation 📋	Change of Use		
Number of bedrooms: 4 Number of Occupants:	8 Other:			
Design Wastewater Strength: Domestic Proposed Design Daily Flow: 480 Proposed Wastewater System Type*: 25% reduct	Proposed LTAR (Initial): 4 iON (Initial) Pump R	Proposed LTAR (Repair): .4 equired: Yes No May be required		
Proposed Wastewater System Type*: 25% reduct	ion (Repair) Pump R	equired: Yes No May be required		
*Please include system classification for proposed wast	ewater system types in accordance with Ru	ile .1301 Table XXXII		
Effluent Standard: DSE HSE NSF/ANSI	40 TS-I TS-II RCW			
Saprolite System (Initial): Yes No Sapro	lite System (Repair): 🔲 Yes 🔳 No			
Fill System (Initial): Yes No If yes, specify: If Fill System (Repair): Yes No If yes, specify: If	-			
Usable Depth to LC (Initial) ^a : 48	Usable Depth to LC (Repair)x: 48	* Limiting Condition		
Max. Trench Depth (Initial):: 30 Max.				
Artificial Drainage Required: Tyes In No If yes, ple	ease specify details:			
Type of Water Supply: Private well Public well	Shared well Municipal Supply	Spring Other:		
Drainfield location meets requirements of Rule .0508:	Yes No Drainfield location mee	ts requirements of Rule .0601: Yes 🔳 No 🗌		
Permit valid for: 🔳 Five years [site plan submitted pur	suant to GS 130A-334(13a)} 🔲 No expira	tion [plat submitted pursuant to GS 130A-334(7a)]		
Permit conditions: NO GUTTER OR FOUNDATION DE	RAINS SHALL EMPTY ONTO	DRAIN FIELD		
Authorized Agent's Printed Name: Mark Ophome REI	ış	Expiration Date: 9-9-29		
Authorized Agent's Signature:	REH	Date: 9-9-24		

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes</u>. 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 15A NCAC 18E and to the conditions of this permit.

Harnett County Environmental Health

					File/Permit Number: S	FD2407-0041	
		CONS	TRUCTION AUT	HORIZATIO	ON		
County: Harnett PIN/Lot Identifier: 9566-55-2961							
Owner: Angela					gela Lyon		
Property Location	1710 Ponder	osa Rd (SR 1					
Facility Type: 72			1300-00				
		er of Occupants: 8	Other:				
New	Expansion	Repair	System Relocation		Change of Use		
Basement?	Yes Yes	■ No	Basement Fixtures?	Yes	■ No		
Crawl Space?	Yes	■ No	Slab Foundation?	Yes	□ No		
Type of Wastewat	er System• 25%	reduction	(Initi	al) 25	% reduction	(Repair	
*Please include sy	stem classification fo	or proposed wastew	ater system types in ac	cordance with	h Rule .1301 Table XXXII		
Design Daily Flow:	480	GPD Wastewat	er Strength: 🔳 Domes	stic 🔲 H	ligh Strength 🔲 Industri	ial Process Wastewater	
	neering Design Utiliz		es and Low-flow Techn	ologies (S.L. 2	2013-413 and 2014-120)?	Yes No	
Effluent Standard:	DSE HSE	NSF/ANSI 40	TS-I TS-II	RCW			
Type of Water Sup	oply: 🔲 Private well	Public well	Shared well	Municipal Sup	oply Spring Other	r:	
Installation Requi	rements/Conditions	i					
Septic Tank Size:	1000 gallons	Total Trench/Bed	Length: 300 feet	Trench/Bed	d Spacing: 9 feet on cente	er .	
					Initial) ^z : 48		
					s * Measured on the downhi		
			Requires more than o				
			Grease Trap Size (if a				
Distribution Metho	od: 🔳 Serial 📗	D-Box or Parallel	Pressure Manifold	(s) LPP	Other:		
Artificial Drainage Required: Yes 🔲 No 📳 If yes, please specify details:							
Legal Agreements	(If the answer is "Ye	s" to any type of leg	al agreements, please	attach a copy	of the agreement.)		
Multi-party Agree	ment Required (Rule	.0204(g)]: Yes	No				
Easement, Right-o	f-Way, or Encroachr	nent Agreement Re	quired [Rule .0204(d)]:	Yes 1	No		
Declaration of Res	trictive Covenants:	Yes No	Pre-C	onstruction Co	onference Required: Yes 🔲	No 🗌	
Management Entit	ty Required: 🔲 Yes	No Minimum	O&M Requirements:				
Conditions:							
with the attached Construction Auth	site sketch. <i>This Co</i> norization shall not t	nstruction Authorize e affected by a cha	ation is subject to reve	ocation if the ne site. This C	be met. Systems shall be inst site plan, plat, or the intende Construction Authorization is litions of this permit.	d use changes. The	
Authorized Agent'	s Printed Name: Ma	ark Osborne REI	HS		Expiration Date: 9-9-29		
Authorized Agent'	· · · · · · · · · · · · · · · · · · ·		QEHS		Date: 9-9-24		
See attached site sketch							