HTE# 08-5-20327

Harnett County Department of Public Health

24922

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

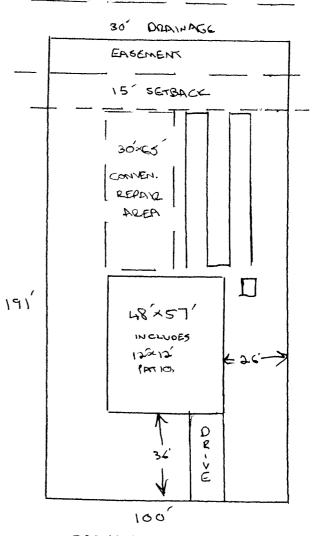
PROP	PERTY LOCATION:	
ISSUED TO: KAN LEVELOPMENT INC SUBI	DIVISION CAROLINA OAKS	LOT # 63
NEW REPAIR C EXPANSION C	Site Improvements required prior (to Construction Authorization Issuance:
Type of Structure: SFD (48 ×57)		
Proposed Wastewater System Type: Convertional		
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max		
Number of bedrooms: Number of Occupants: max Basement Yes No		
Pump Required: ☐Yes ☐ No ☐ May be required based on final location	and denoting of Callein	
Type of Water Supply: Community Public Well Distance from	m well \ CO foot	Permit valid for: Five years
Permit conditions:	ii weii 100 leet	Permit valid for: Five years No expiration
		No expiration
Authorized State Agent:: RS	Date: 62308	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permit site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	s. The permit holder is responsible for checking with appro shall not be affected by a change in ownership of the site	portate governing hodies in meeting their requirements. This
<u>Constructi</u>	on Authorization	
(Required	for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. with the attached system layout.	and .1959 are incorporated by references into this permit	and shall be met. Systems shall be installed in accordance
ISSUED TO: RAM DEVELOPMENT INC	DDODEDTY LOCATION	
	PROPERTY LOCATION:	
	SUBDIVISION CAROLINA CAKS	LOT # <u>6,3</u>
Basement? Yes No Basement Fixtures? Yes	Expansion 🗌 Repair	
		W 7 7 7 1
Type of Wastewater System** CONVENTIONAL (See note below, if applicable (1))	(Initial)	Wastewater Flow: 360 GPD
CONVENTIONAL	(Repair)	
nstallation Requirements/Conditions Number of trenches		
		ncing: Feet on Center
Pump Tank Size gallons Trenches shall be instal		12 inches
	. 011	
(Trench bottoms shall b		m soil cover shall not exceed
in all directions)	20 ADI	ove the trench bottom)
ump Requirements:ft. TDH vs GPM		
amp negan cinenant. 1011 vs 0111		inches below pipe
onditions:	Aggregate	
onditions:		inches total
*If applicable. I understand the system type specified is different from the type		
*If applicable: I understand the system type specified is different from the typ	е ѕреснией он тне аррисатион. 1 ассерт ты	? specifications of this permit.
wner/Legal Representative Signature:		Date:
is Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. I	The Construction Authorization shall not be transferred whe	en there is a change in ownership of the site. This
instruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Tr	eatment and Disposal and to the conditions of this permit	SEE ATTACHED SITE SKETCH
		THE RESERVE OF THE PROPERTY OF
uthorized State Agent: 25	Date: _ 6 33 13	2
Construction	Authorization Expiration Date: 6 23/	13

HTE# <u>08-5-20327</u>

Permit # 24922

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	
122 ICA DEMESORMENT	SUBDIVISION CAROLINA CAKS	LOT # 63
Authorized State Agent:	25 (OLIVER TOLKSDORF) Date: 423/08	
	,	



CAROLINA DAKS CIRCLE