Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 1071 Melody Ln, Cameron				
ISSUED TO: Joon and Song Kim					
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:				
Type of Structure: Existing SFD	_				
Proposed Wastewater System Type:					
Projected Daily Flow: 360 GPD					
Number of bedrooms: 3 Number of Occupants: 6	max				
Basement Yes X No					
Pump Required: Yes No May be required based on final					
Type of Water Supply: Community Public Well Dist Permit conditions: Tank ONLY	ance from well feet Permit valid for: 🗵 Five years				
remint conditions. TATIK ONLT	No expiration				
- /					
Authorized State Agent: Bit Del PCHS.	Date: 1/23/2020 SEE ATTACHED SITE SKETCH				
The issuance of this permit by the Health Department in no way guarantees the issuance of ot	her permits. The permit holder is responsible for checking with appropriate governing hodies in meeting their requirements. This				
site is subject to revocation if the site plan, plat, or the intended use changes. The Improveme	nt 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.					
Const	<u>ruction Authorization</u>				
<u>(R</u>	equired for Building Permit)				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195	7. 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: Joon and Song Kim	PROPERTY LOCATION: 1071 Melody Ln, Cameron				
	SUBDIVISION LOT #				
Facility Type: Existing SFD New	☐ Expansion ☒ Repair				
Basement? Yes No Basement Fixtures? Yes	⊠ No				
Type of Wastewater System**	(Initial) Wastewater Flow: 360 GPD				
(See note below, if applicable)	(initial) Wasterfater Flow Of D				
(**************************************	(Repair)				
Installation Requirements/Conditions Number of tren	ches				
ACCUSATION AND ACCUSATION AC	each trenchfeet Trench Spacing: Feet on Center				
	be installed on contour at a Soil Cover:inches				
,					
in all directions					
Pump Requirements:ft. TDH vsGPM	inches below pipe				
CARLONII V	Aggregate Depth:inches above pipe				
Conditions: TANK ONLY	inches total				
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	INY PART OF SEPTIC SYSTEM OR REPAIR AREA.				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	A.				
**If applicable: / understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.				
	the type specified on the application. Tackept the specifications of this period.				
Owner/Legal Representative Signature:	Date:				
	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				
0 1 0. 1	o JEE HINGIED JIL JALICI				
Authorized State Agent: Dath Col Revis T Date: 1/23/2020					
Construction Authorization Expiration Date: 1/26/2025					

Harnett County Department of Public Health Site Sketch

Property Location: 1071 ssued To: 5009 So	MelodyLr	1, ameron		
ssued To: Jone So	ng km	Subdivision For	est Ridge	Lot #
Authorized State Agent:	BA (la	L REHS-I		Date: 1/23/2020
	7			
	,			
		Existancy		
		septic line	□ NewTank	* New Tank
		Fredion		Location installed relative
		Existing 3BR		to First Live to
		SFD		praire fall
				from house of fall to drain
			N	Line
			DRINE	
		melody Ln		
		THE CONTRACT	* Ab	anden old
				tank

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