## Harnett County Department of Public Health

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

SOUTHER CAKS TEALTY	PROPERTY LOCATION: 2451 KIPLING 1000 (SN1403)
	SUBDIVISIONLOT #
NEW ☐ REPAIR ☑ EXPANSION ☐	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 4-BEDROOM EXT SED	
Proposed Wastewater System Type: 25% NESSCHOP	_
Projected Daily Flow: GPD	
Number of bedrooms: Number of Occupants:	_max
Basement (Nes No	
Pump Required ≥ Mo May be required based on final l	ocation and elevations of facilities
Type of Water Supply: Community Public Well Distar	nce from well <u>50+</u> feet Permit valid for: A Five years    No expiration
Permit conditions:	
Authorized State Agent::	Date: 02/11/2021 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	er permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Conste	ruction Authorization
	quired for Building Permit)
	, 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: TUSTIEN FETTER	PROPERTY LOCATION: 2451 KIPLING 10 (321403)
1330E0 10:	SUBDIVISIONLOT #
Facility Type: 4-62 FEXT SI-O New	Expansion Repair
· · · — — —	
	□ No ろのにデ (Initial) Wastewater Flow: '480 GPD
•••	160E (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable [])	/Bansia)
• · · · <b>/</b> -	thes(Repair)
	each trench 180 feet Trench Spacing: 9 Feet on Center
	Depth of:inches (Maximum soil cover shall not exceed
•	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	•
Pump Requirements:ft. TDH vsGPM	
	Aggregate Depth: inches above pipe
Conditions: POMP TO MEDIUM D. BOX , T	TWO UNES W/ STEPPOUNDS NA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	A.
**If applicable: L 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:
	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
	<del></del>
Authorized State Agent:	Date: 62   11/2021
Conc	truction Authorization Expiration Date: 62/11/2026
ANDREW CURVIN	

## Harnett County Department of Public Health Site Sketch

Property Location: 2437 MIEDIOG 78 AS COSTI-9	
Issued To: Josten Fetter Subdivision_	Lot #
Authorized State Agent: Date:	62/21/2021
Authorized State Agent.  Appraisa Conn	24/2//2004/
<i>p</i>	1
* PUNC TO MEDION O-BOX	<u></u>
* EXT TANK MAT SE USED IF FULLY UNCOVERED AND ENSURE	> \
MATCHES TEXT STANDARDS [OFFICE WALL, TEE, ETC.]	,
* SURLY LINE SHALL KROSS DIVENSAL	\
* LINES SHALL BIE FIED TOGETHER TO MAKE 2 LONG (1800)	LINES
A SYS, FLAGGED ONSITE	\
* SIS. MAY BIE OFF CONTON THERE LIME A	` \
IN A FEW SPOTE. [GINAMI]	\
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SFD P	
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rule	s and regulation
This drawing is for indstrative purposes only. System installation must meet all pertinent laws, rule	o, and regulations.
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KIPLING ROAD (571403)	1 3