Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 76 Rawls Farm Ln. (Christian Light Rd. - S ISSUED TO: Katie Campbell / KB Homes Carolina: SUBDIVISION Mason Pointe PH 2 NEW X REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Ext. 3-Bedroom SFD Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 360 Number of Occupants: 6 Number of bedrooms: 3 X No Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes X No Type of Water Supply: Community Public Well Distance from well NA feet X Five years Permit valid for: No expiration 03/22/2022 Authorized State Agent:: 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: Katie Campbell / KB Homes Caroli PROPERTY LOCATION: 76 Rawls Farm Ln. (Christian Light Rd. -SUBDIVISION Mason Pointe PH 2 LOT # 10 Facility Type: Ext. 3-Bedroom SFD Expansion Repair Basement Fixtures? Yes Basement? Yes X No Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 (See note below, if applicable) 50% Reduction System Installation Requirements/Conditions Number of trenches Septic Tank Size Ext. Trench Spacing: Feet on Center Exact length of each trench _ Trenches shall be installed on contour at a Soil Cover: 6 (HIN) Tinches Pump Tank Size gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: ____ inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ ft. TDH vs. __ inches below pipe inches above pipe 3FT DEEP CUTTAIN DRAIN SWI BLASIC DOWNHILL inches total regultes 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: 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 Date: 03/22/2022 Authorized State Agent: Construction Authorization Expiration Date: 03/23/2024 ANDREW CORRIN

Harnett County Department of Public Health Site Sketch

