## Harnett County Department of Public Health

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit   | 2         |
|--|-----------|
| PROPERTY LOCATION. C. Janiag End Dr (Christian   | UL 12.    |
| ISSUED TO: NO FLONDS CORDLINAS SUBDIVISION Mason Pointe LOT #  | 32        |
| NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:  |           |
| Type of Structure: 4 - Bedroom 50'x 70' 5535   |           |
| Proposed Wastewater System Type: 2595 Roduction  |           |
| Projected Daily Flow: 486 GPD  |           |
| Number of bedrooms: Number of Occupants: max   |           |
| Basement  Yes  No  May be required based on final location and elevations of facilities  |           |
|  |           |
| Permit conditions: Public Well Distance from well A feet Permit valid for: Five years  No expiration   |           |
| ——————————————————————————————————————   | м         |
|  |           |
| Authorized State Agent:: G SEE ATTACHED SITE SKETCH  |           |
| 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 poverning hodies in meeting their requirement.   | nts. 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 provide the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | isions of |
| the cars and rules for serage freatment 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 account.  | irdance   |
| with the attached system layout.   | 2         |
| ISSUED TO: KB HOMES CENTRICES PROPERTY LOCATION: CI Rolling Exeld by Christian L   |           |
| SUBDIVISION Mason Pointe LOT# 5  | מכ        |
| Facility Type: 432 50'x 70' 5,50 Rew Expansion Repair  | . ~       |
| Basement? Yes No Basement Fixtures? Yes No   |           |
|  |           |
| Type of Wastewater System** Pump to 25% reduction 3 tem (Initial) Wastewater Flow: 4800 G (See note below, if applicable )   | שיי       |
|  |           |
| Installation Requirements/Conditions  Number of trenches MULT!  (Repair)   |           |
| Installation Requirements/Conditions  Number of trenches MULTI   |           |
| Septic Tank Size 1000 gallons Exact length of each trench 350 (4100 feet Trench Spacing: 9 Feet on Center  |           |
| rump lank size   |           |
| Maximum Trench Depth of:inches (Maximum soil cover shall not exceed  |           |
| (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)   |           |
| in all directions)   |           |
| Pump Requirements:ft. TDH vsGPMinches below  | pipe      |
| Aggregate Depth:inches abov  |           |
| Conditions:  |           |
|  |           |
| 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: Date:  | _         |
| 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.  | TCH       |
|  |           |
| Authorized State Agent: O7/17/2019   |           |
| ANDREW CORRECTION Authorization Expiration Date: 07/17/2024  |           |
| Construction Authorization Expiration Date:  |           |

## Harnett County Department of Public Health Site Sketch

|  | 521412                |
|--|-----------------------|
| ISSUED TO: KB HOLERS CONDINORS SUBDIVISION MORSON POINTE LOT | ticn (t. NJ.)<br>#_22 |
| Authorized State Agent: O7/17/2019  ANDREW CURRY             |                       |
| * PUMP TO PRESSURE MANIFOLD [SPECS ATTACHED]                 |                       |
| * PUMP TO 350FT 25% NEDWLTION STATEM REQUIRED                |                       |
| [ 380ET MARKED BY SOIL SCIENTIST]                            |                       |
| & PROPOSAL BT CENTRAL CAROLINA SOIL CONSULTING               | eu i                  |

