## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PERTY LOCATION: 15 Rawis Meadow Ln. (Christian Light Road DIVISION Mason Pointe	
NEW REPAIR EXPANSION	The same of the sa	LOT # 65
Type of Structure: 4-bedroom 50'x70' SFD	Site Improvements required prior to Construction Authoriza	ation Issuance:
Proposed Wastewater System Type: 25% Reduction System		
, , , , , , , , , , , , , , , , , , , ,		
Number of Occupants: 8max		
Basement Yes No		
Pump Required: Yes No May be required based on final location	***	[C] -:
Type of Water Supply: Community Public Well Distance fro	m well NA Permit valid for:	Five years
Permit conditions:		No expiration
Authorized State Agent::	Date: 06/05/2019 SEE ATTAC	HED CITE CHETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permit		HED SITE SKETCH
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 co-	mpliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
Constructi	on Authorization	
	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 sh	all be installed in accordance
ISSUED TO: KB Homes Carolinas	PROPERTY LOCATION: 15 Rawls Meadow Ln. (Christian Light	Road - SR 1412)
	SUBDIVISION Mason Pointe	LOT # 65
Facility Type: 4-bedroom 50'x70' SFD	Expansion Repair	201 // 33
Basement? Yes No Basement Fixtures? Yes		
<del></del>		20 000
,	(Initial) Wastewater Flow: 48	GPD GPD
(See note below, if applicable )		
50% Reduction PPBPS System	(Repair)	
Installation Requirements/Conditions Number of trenches 1	or 3	
Septic Tank Size 1000 gallons Exact length of each t	rench 300 or 100 (3) feet Trench Spacing: 9	eet on Center
Pump Tank Sizegallons Trenches shall be insta	lled on contour at a Soil Cover: 6inc	hes
Maximum Trench Depth	n of: 24 inches (Maximum soil cover shall not	exceed
(Trench bottoms shall		
in all directions)	To level to 17 17 30 above the trenen bottom	''
Pump Requirements:ft. TDH vsGPM	NA	
till vstr. IDN vsorr		inches below pipe
	Aggregate Depth: NA	inches above pipe
Conditions:	<u>NA</u>	inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PA		
	RT OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	IRT OF SEPTIC SYSTEM OR REPAIR AREA.	
		permit.
		permit.
**If applicable: 1 understand the system type specified is different from the type		permit.
**If applicable: <u>I</u> understand the system type specified is different from the type  Owner/Legal Representative Signature:	ne specified on the application. I accept the specifications of this  Date:	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.  **If applicable: \( \frac{1}{2}\) understand the system type specified is different from the type  Dwner/Legal Representative Signature:  (his Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.  Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage 1	pe specified on the application. I accept the specifications of this  Date:  The Construction Authorization shall not be transferred when there is a change in owne	
**If applicable: <u>I</u> understand the system type specified is different from the type  Owner/Legal Representative Signature:	pe specified on the application. I accept the specifications of this  Date:  The Construction Authorization shall not be transferred when there is a change in owne	rship of the site. This
Owner/Legal Representative Signature:  Chis Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.  Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage	Date:  The Construction Authorization shall not be transferred when there is a change in owner freatment and Disposal and to the conditions of this permit.  SEE AT	rship of the site. This
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.  Authorized State Agent:	pe specified on the application. I accept the specifications of this  Date:  The Construction Authorization shall not be transferred when there is a change in owne	rship of the site. This

HTE#	51001	C	0	5	-000	2
HILT	21-1	- /	$\cup$	-	COA	$\circ$

Permit # NA

## Harnett County Department of Public Health Site Sketch

Site Sketch
ISSUED TO: KB + bous Carolinas PROPERTY LOCATON: 15 Nawls Meadow Ln. (Christian Lt. 2)  SUBDIVISION
Authorized State Agent: O6/65/2019
ANDREW WININ
ANDRES COMING  PROCESSAL BY CENTRAL  LONSOLTING  LONSOLTING  JONNIAUE ESMT  JONNI
ZAWLS MEADOW LN.