Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

WE II	PROPERTY LOCATION: 146 Rawls Me	eadow Ln. (Christia	an Light Road	- SR 1412)
ISSUED TO: KB Homes Carolinas	SUBDIVISION Mason Pointe			LOT # 55
NEW REPAIR EXPANSION	Site Improvements re	quired prior to Constr	uction Authorizat	ion Issuance:
Type of Structure: 4-bedroom 50'x70' SFD				
Proposed Wastewater System Type: 25% Reduction System				
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of Occupants: 8	max			
Basement Yes 🗵 No				
Pump Required: ☐Yes ☐ No ☒ May be required based on	final location and elevations of facilities			_
Type of Water Supply: Community Public Well	Distance from well NA feet	Permit	valid for:	▼ Five years
Permit conditions:				No expiration
	12115			
Authorized State Agent:	Date: Cilos		SEE ATTACH	ED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement and Disease	rovement Permit shall not be affected by a change in own	ecking with appropriate gov ership of the site. This pern	erning bodies in mee nit is subject to com	eting their requirements. This pliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
Co	Instruction Authorization			
<u>C0</u>	onstruction Authorization			
	(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956	5, 1957, 1958, and 1959 are incorporated by references	into this permit and shall	be met. Systems shal	l be installed in accordance
with the attached system layout.				
ISSUED TO: KB Homes Carolinas	PROPERTY LOCATION: 146 Ra	wls Meadow Ln. (0	Christian Light	Road - SR 1412)
	SUBDIVISION Mason Pointe			LOT # 55
Facility Type: 4-bedroom 50'x70' SFD				LUI # 33
· · ·	New Expansion Repair			
Basement? Yes No Basement Fixtures? Yes	es No			_6 65300 No
Type of Wastewater System** 25% Reduction System		(Initial) Wastew	rater Flow: 480	GPD GPD
(See note below, if applicable 🔲)				
25% Reduction System	(Repair)			
Installation Requirements/Conditions Number of	trenches 1 or 3			
Septic Tank Size 1000 gallons Exact lengt	th of each trench 300 or 100 (3) feet	Trench Spacing: 9	Fe	et on Center
Pump Tank Sizegallons Trenches sl	hall be installed on contour at a	Soil Cover: 12		
·	Trench Depth of: 24inches	(Maximum soil o		
	ttoms shall be level to +/-1/4"	36" above the		
in all direc		JO above the	trenen bottom)	
Pump Requirements:ft. TDH vsGPM	.tions)		NIA	2.1.1.2
rump requirements it. IDN 45OFFI			NA	inches below pipe
C r:		Aggregate Depth:	NA	inches above pipe
Conditions:			NA	inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO	DM ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD	AREA.			
**If and in the desired the system to a second in the	f t			
**If applicable: 1 understand the system type specified is different	from the type specified on the application.	I accept the specifi	cations of this	permit.
Owner/Legal Representative Signature:		Date:		
his Construction Authorization is subject to revocation if the site plan, plat, or the intend			a change in owners	hip of the site. This
onstruction Authorization is subject to compliance with the provisions of the Laws and Ru	iles for Sewage Treatment and Disposal and to the condition	ons of this permit.	SEE ATTA	ACHED SITE SKETCH
Authorized State Agent:	Date.	06/05	12019	
	-		100011	-
Authorized State Agent:	Date:		120,9	_

HTF#	SFD1905-0639	7
111811		

Permit # NA

Harnett County Department of Public Health Site Sketch

ISSUED TO: ____ KB HONES COVOI: NO PROPERTY LOCATON: 146 ROWLS NEEDOW LA. (Chr. ist. in L. 14)

Authorized State Agent: _____ Chr. ist. in L. 1425

Authorized State Agent: _____ Date: _____ Chr. ist. in L. 1425

And Drawles Covoi.

