Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

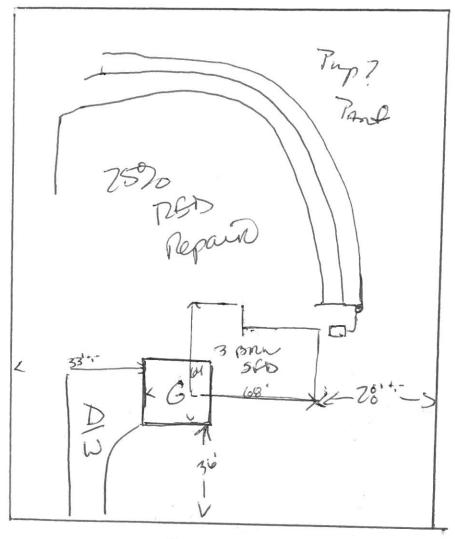
PROPERTY LOCA	ATION: 511765 011) 37066 1215		
ISSUED TO: K+D Buckers Inc of STEDMAN SUBDIVISION	POST FUN ESTAKS LOT # 12		
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: SA			
Proposed Wastewater System Type: 75% Resources			
Projected Daily Flow: 360 GPD			
Number of bedrooms: Number of Occupants: max			
Basement Yes No			
Pump Required: Yes No May be required based on final location and elevi	ations of facilities		
Type of Water Supply: 🗌 Community 🔃 Public 🔲 Well Distance from well 🔃	feet Permit valid for: Five years		
Permit conditions:	No expiration		
1 200	0		
Authorized State Agent: Date: Date:	5 20 -2		
	5-29-20 SEE ATTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	noticer is responsible for checking with appropriate governing bodies in meeting their requirements. This affected by a change in ownership of the site. This permit is subject to compliance with the provisions of		
Construction Au	thorization		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are	ng remit)		
with the attached system layout.	e incorporated by references into this permit and shall be met. Systems shall be installed in accordance		
1/2 3 all 1 5 min 1)			
	LOCATION: 5-1769 010 5-7468 1215		
	N Post Iaw Estates LOT # 12		
Facility Type: New Expans	ion 🗌 Repair		
Basement? Yes No Basement Fixtures? Yes No			
Type of Wastewater System** 25% 13000000 System	(Initial) Wastewater Flow: 360 GPD		
(See note below, if applicable)			
2520 RSDUCT 202	_(Repair)		
Installation Requirements/Conditions Number of trenches 3	-(' ' ' '		
Septic Tank Size 1000 gallons Exact length of each trench	100' feet Trench Spacing: 7 Feet on Center		
Pump Tank Sizegallons Trenches shall be installed on co	The state of the s		
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	• The state of the		
(Trench bottoms shall be level to	36" above the trench bottom)		
in all directions)	,		
Pump Requirements:ft. TDH vsGPM	inches below pipe		
A	Aggregate Depth: inches above pipe		
Conditions:	inches total		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SE	PTIC SYSTEM OR REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.			
**If applicable: / understand the system type specified is different from the type specified	d on the application I account the specifications of this assume		
	of the application. Taccept the specifications of this permit.		
Owner/Legal Representative Signature:	Dave		
Owner/Legal Representative Signature:	vate:		
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and	Dispusal and to the conditions of this normal.		
	Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH		
M 1 TETOSIS			
Authorized State Agent: Date: \$ -25 - 26 Construction Authorization Expiration Date: 5 - 75 - 25			
Construction Authorize	ation Expiration Date: 5-75-25		

HTE#	550	2005-	0038

Permit # _____

Harnett County Department of Public Health Site Sketch

ISSUED TO: K+D BUDGERS TWO OF STREAM SUBDIVISION POS+ TWO ESTREAMS 21	LOT # _/Z
Authorized State Agent: Date: 5-29.	
* All Twest Regulations Are Implied At Issue of must DE followed on Install of Septic Systian	PERMIT AND



BRYAN GOOWEN CT