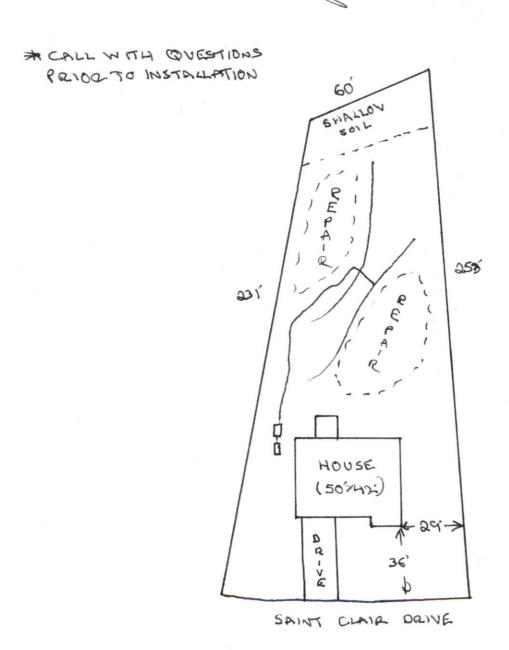
## Harnett County Department of Public Health

Improvement Permit

	Construction Authorization Expiration Date: 3/2927			
uthorized State Agent: Date: 3/29/22				
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				
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				
Owner/Legal Representative Signature:				
			ŕ	
**If applicable: I understand the system type specified is	different from the type specified on the applicat	ion. I accept the specifications of this	permit.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	IN FIELD AREA.			
WATER LINES (INCLUDING IRRIGATION) MUST BE	10FT. FROM ANY PART OF SEPTIC SYSTEM O	R REPAIR AREA.		
Conditions:			inches total	
		Aggregate Depth:		
	GPM	· .	inches below pipe	
,	all directions)			
	Trench bottoms shall be level to +/-1/4"	36" above the trench bottom		
	laximum Trench Depth of: 18inch			
	renches shall be installed on contour at a	Soil Cover: 6 inch		
	xact length of each trench 165 feet	Trench Spacing: 9 Fe	et on Center	
	lumber of trenches 1			
Pump Ultra S	shallow 25% Red. (Repair)			
(See note below, if applicable )			-	
Type of Wastewater System** Pump to Pane	el Block (Horizontal)	(Initial) Wastewater Flow: 36	O GPD	
Basement? Yes No Basement Fixture	s? Yes No			
Facility Type: SFD (50'x42')	New  □ Expansion □ Rep.	air	190	
	SUBDIVISION Birchwoo		LOT # 85	
ISSUED TO: KB Home Raleigh	PROPERTY LOCATION: Sai	nt Clair Dr	1 1 2 4	
with the attached system layout.				
The construction and installation requirements of Rules .1950, .1952, .1954,	.1955, .1956, .1957, 1958. and .1959 are incorporated by refere	nces into this permit and shall be met. Systems sha	ll be installed in accordance	
	(Required for Building Permit)			
	Construction Authorization			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of			The second secon	
The issuance of this permit by the Health Department in no way guarantees site is subject to revocation if the site plan, plat, or the intended use change	use inscende of other permits, the permit holder is responsible to less. The Improvement Permit shall not be affected by a change in	cnecking with appropriate governing bodies in mee ownership of the site. This permit is subject to com	pliance with the provisions of	
Authorized State Agent:	REIS Date: 3/29/22		ED SITE SKETCH	
	0.000.00		4	
Permit conditions:			☐ No expiration	
	Well Distance from well	Permit valid for:	<b>⊠</b> Five years	
	based on final location and elevations of facilities			
Number of bedrooms: 3 Number of Occupant  Basement Yes No	s: Omax			
Projected Daily Flow: 360 GPD	. 6		-	
Proposed Wastewater System Type: Pump Panel E	BIOCK			
Type of Structure: SFD (50'x42')		8		
NEW REPAIR EXPANSION	Site Improvements	required prior to Construction Authorizati		
ISSUED TO: KB Home Raleigh	SUBDIVISION Birchwood (		LOT # 85	
A Du	Iding permit cannot be issued with only an Improven PROPERTY LOCATION: Saint C			
	iding pormit connut be ittlied with only on improve	ANT PARMIT		

## Harnett County Department of Public Health Site Sketch

Property Location: Saint Glair Dr	And the second s	40.00
Issued To: KB Home Raleigh	Subdivision Birchwood Grove	Lot # 85
Authorized State Agent:	SEHS (DLIVER TOLKSDORE)	Date: 3/29/22



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.