## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 155 Sair		
ISSUED TO: KB Homes Raleigh	SUBDIVISION Birchwood G	rove	LOT # 76
NEW REPAIR EXPANSION	Site Improvements	required prior to Construction Author	ization Issuance:
Type of Structure: SFD (50'x51')	_		
Proposed Wastewater System Type: 25% Reduction Syste	<u>n</u>		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Yes X No			
	I location and elevations of facilities		_
" " <del>-</del>	tance from wellfeet	Permit valid for:	Five years
Permit conditions:			■ No expiration
All M			
Authorized State Agent:	Date: 4/14/22	/FF 457	ACUED CITE CHETCH
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the issuance of			ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The tagrover	ent Permit shall not be affected by a change in or	wnership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			30-00 May 10-00 10 County 10 May 10 M
Con	truction Authorization		
	Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1		es into this permit and shall be met Systems	shall be installed in accordance
with the attached system layout.	or morphism of morphisms	co mo uno perme uno mun de met. Systems	man be instance in accordance
WD Harras Dalainh	455	0 : . 0 : . 0	
ISSUED TO: KB Homes Raleigh	PROPERTY LOCATION: 155		
	SUBDIVISION Birchwoo	d Grove	LOT # <u>76</u>
Facility Type: $SFD (50'x51')$ $\square$ Ne	Expansion 🗌 Repai	r	
Basement? Yes No Basement Fixtures? Yes	☐ No		
Type of Wastewater System** 25% Reduction Syste	n	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable )			
Horizontal Panel Blo	ck (Repair)		
Installation Requirements/Conditions Number of tr			
	of each trench 260 feet	Trench Spacing: 9	Feet on Center
	be installed on contour at a	, ,	inches
•	ich Depth of: 18 inches		
	ns shall be level to +/-1/4"		
		36" above the trench bot	(om)
in all direction	15)		
Pump Requirements:ft. TDH vsGPM			inches below pipe
		Aggregate Depth:	
Conditions:			inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	ANY PART OF SEPTIC SYSTEM OF	R REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A			
		, , , , , ,	
**If applicable: 1 understand the system type specified is different fro	n the type specified on the application	on. I accept the specifications of	this permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation # the plan, plat, or the intended			
Construction Authorization is subject to compliance with the provisions of the laws and Rules	or Sewage Treatment and Disposal and to the con	ditions of this permit.	ATTACHED SITE SKETCH
	0	170.002.0	
Authorized State Agent:	RENS Date	: <u>4/14/22</u>	
Co	nstruction Authorization Expiration	Date: 4/14/27	
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## Harnett County Department of Public Health Site Sketch

Property Location: 155 Saint Clair Dr		
Issued To: KB Homes Raleigh	Subdivision Birchwood Grove	Lot # 76
Authorized State Agent:	DEUS (OLIVER TOLKSDORD)	Date: 4/14/22
* CALL WITH ANY QUESTIONS	•	
POLO TO INSTALLATION		

