Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 368 Saint	Clair Drive	
ISSUED TO: KB Home	SUBDIVISION Birchwood Gro	ove	LOT # 180
NEW REPAIR EXPANSION STructure: SFD (42'x38')	Site Improvements rec	quired prior to Construction Authoriza	tion Issuance:
Proposed Wastewater System Type: Pump to Low Prifile			
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Yes No			
Pump Required:	I location and elevations of facilities		
	tance from wellfeet	Permit valid for:	Five years
Permit conditions:			☐ No expiration
Authorized State Agent:: REHS	Date: 1/5/23	SEE ATTAC	HED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of of site is subject to revocation if the site plan, plat, or the intended use changes. The Improventhe Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
Cons	truction Authorization		
1	Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19		into this permit and shall be met. Systems sh	all be installed in accordance
with the attached system layout.	000	0 5 .	
ISSUED TO: KB Home	PROPERTY LOCATION: 368 S		
	SUBDIVISION Birchwood	Grove	LOT # <u>180</u>
Facility Type: SFD (42'x38')	v ☐ Expansion ☐ Repair		
Basement? Yes No Basement Fixtures? Yes	□ No		
Type of Wastewater System** Pump to Low Profile C	Chamber	(Initial) Wastewater Flow: 36	60 GPD
(See note below, if applicable)			
Pump to Low Profile	Chamber (Repair)		
Installation Requirements/Conditions Number of tro			
	of each trench 100 feet	Trench Spacing: 9	eet on Center
1000	be installed on contour at a	, 0	thes
the same of the sa			
	inch Depth of: 8inches	(Maximum soil cover shall not	
	ns shall be level to +/-1/4"	36" above the trench botton	n)
in all direction	15)		
Pump Requirements:ft. TDH vsGPM			inches below pipe
		Aggregate Depth:	inches above pipe
Conditions: Minimum of 6" of cover to be added	1		inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A		REPAIR AREA.	
**If applicable: 1 understand the system type specified is different from	n the type specified on the application	. I accept the specifications of thi	is permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended	use changes. The Construction Authorization shall not		ership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules			TTACHED SITE SKETCH
Authorized State Agents	D.C. C. D	1/5/23	
Authorized State Agent:		1/5/23	-
Lo	nstruction Authorization Expiration [Date: 1/5/28	

Harnett County Department of Public Health Site Sketch

Property Location: 368 Saint Clair Dr		
Issued To: KB Home	Subdivision Birchwood Grove	Lot # 180
Authorized State Agent:	RENE (OLIVER TOLKSOORS)	Date: 1/5/23

