

# Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: KMB Building PROPERTY LOCATION: McDouglad Rd SUBDIVISION \_\_\_\_\_ LOT # 1

NEW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: SFD (34'x47')

Proposed Wastewater System Type: 25% Reduction System

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 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 \_\_\_\_\_ feet Permit valid for:  Five years  No expiration

Permit conditions: \_\_\_\_\_

Authorized State Agent: ~~\_\_\_\_\_~~ RYS Date: 11/1/22 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership 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.

## Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: KMB Building PROPERTY LOCATION: McDouglad Rd SUBDIVISION \_\_\_\_\_ LOT # 1

Facility Type: SFD (34'x47')  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* 25% Reduction System (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable  25% Reduction System (Repair))

Installation Requirements/Conditions	Number of trenches <u>1</u>	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>180</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>24</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	Soil Cover: <u>12</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ inches total

Conditions: \_\_\_\_\_

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**\*\*If applicable:** I understand the system type specified is different from the type specified on the application. I accept the specifications of this 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 be transferred when there is a change in ownership of the site. This 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

Authorized State Agent: ~~\_\_\_\_\_~~ RYS Date: 11/1/22  
Construction Authorization Expiration Date: 11/1/27

Application # SFD2210-0034

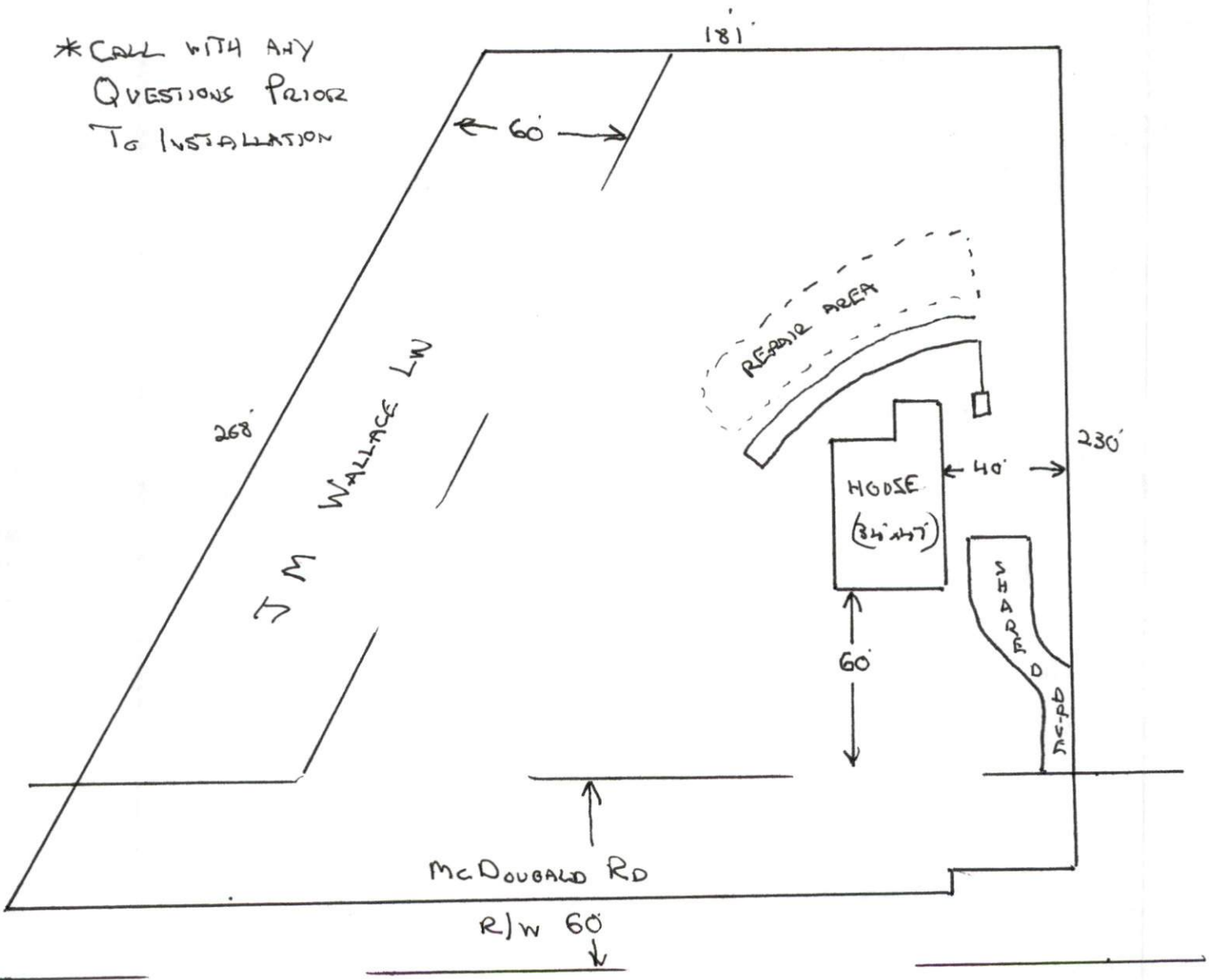
## Harnett County Department of Public Health Site Sketch

Property Location: McDougal Rd

Issued To: KMB Building Subdivision \_\_\_\_\_ Lot # 1

Authorized State Agent: \_\_\_\_\_ REGIS (OLIVER TOLFSOOD) Date: 11/1/22

\*CALL WITH ANY  
QUESTIONS PRIOR  
TO INSTALLATION



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