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Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: KMB Building LLC
NEW REPAIR EXPANSION
Type of Structure: SFD 34' x 47'
Proposed Wastewater System Type: 25% TSDU (UW)
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 conditions: NEEDS REPT FROM TRIM LOCATED + DEMONSTRATED FOR CA TO BE ISSUED.

PROPERTY LOCATION: 318 Natchez Trace, Fuquay Varina, 27526
SUBDIVISION Captains Landing LOT # 25
Site Improvements required prior to Construction Authorization Issuance:

Authorized State Agent: James E. Marshall Date: 7-19-23 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 LLC
Facility Type: SFD 34' x 47' New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 25% TSDU (UW) (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable) _____ (Repair)

PROPERTY LOCATION: 318 Natchez Trace, Fuquay Varina, 27526
SUBDIVISION Captains Landing LOT # 25

Installation Requirements/Conditions

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

**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: _____ Date: _____
Construction Authorization Expiration Date: _____