## HTE#\_07-500 18214 Harnett County Department of Public medith 24280 Improvement Permit

A huilding nermit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 1/15	
	195
NEW ✓ REPAIR □ EXPANSION □ Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: CED - SSX42 - 3BC	
Proposed Wastewater System Type: Purp to 25%. Reduction system	
Projected Daily Flow: 360 GPD	
Number of bedrooms:3 Number of Occupants:6max	
Basement 🗆 Yes 💆 No	
Pump Required: Stes   No  May be required based on final location and elevations of facilities	
Type of Water Supply:   Community Public Well Distance from well 50 feet Permit valid for: Five years	
Permit conditions: STUB Out Plumbing out where shown maintain All   No expirat	ion
SetBACKS Meet onsite Or ENAI LAgent	-
Authorized State Agent:  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 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. permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	meeting
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. System	s shall be
installed in accordance with the attached system layout.	
ISSUED TO: Combertand Homes PROPERTY LOCATION: 11/5 SUBDIVISION CRC TVIEW LOT #	
SUBDIVISION CRC) TVITU LOT #_	152
Facility Type: SFN-55x42-302 New Expansion Repair	
Basement?  Yes  No Basement Fixtures?  Yes  No	
Type of Wastewater System** Purp to 25% Red ST.(Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable □)	
(Repair)	
Installation Requirements/Conditions	
Septic Tank Size	
Pump Tank Size gallons	
Maximum Trench Depth of: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
in all directions)	
Pump Requirements: ft. TDH vs GPM inches be	low pipe
Aggregate Depth: inches a	
00 0 1	ches total
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this p	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.	TCU
Authorized State Agent:  Date: 08-27-57  SEE ATTACHED SITE SKE	ICH
Construction Authorization Expiration Date: 08-20-2012	

## Harnett County Department of Public Health Site Sketch

