HTE# 09-5-220W

## Harnett County Department of Public Health

25269

Improvement Permit

A bulling	PROPERTY LOCAL		Marks Rd.	
ISSUED TO: Comberland Homer		His heford	7 1 cd KJ /Cd.	LOT # /20
NEW ☑ REPAIR □ EXPANSION □	JODDITISION	•	uired prior to Construction Author	
Type of Structure: SFO 57X44		site improvements req	aned prior to construction Author	ization issuance.
Proposed Wastewater System Type: Conventional	www.u.e.	***		
Projected Daily Flow:				
Number of bedrooms: Number of Occupants:	( may			
Basement Yes No	max			
	d on final location and eleva	ations of facilities		
Type of Water Supply: Community Public W	ell Distance from well	faat	Permit valid for:	Five years
Permit conditions:			i ciniit vanu iur.	
_		, ,		
Authorized State Agent: Burn Milwain L	Date:	5/20/2009	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the is			king 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	e Improvement Permit shall not be a	affected by a change in owner	ship 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 p	ermit			
	Construction Au	thorization		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955,	1956 1957 1958 and 1959 at	a incorporated by references i	ata this narmit and shall he mor Sussame	shall be installed in assuments
with the attached system layout.	.1730, .1737, .1730. and .1737 at	e incorporated by references i	nto this periorit and shall be met. Systems	man he instanted in accordance
0 1 1 11				
ISSUED TO: Combert and Homes	PROPERTY	LOCATION: 521	///	
	SUBDIVISIO	)N Hohetwe	(	LOT # <u>/20</u>
Facility Type: SFD	🖳 New 🗌 Expans	ion 🗌 Repair		
Basement?  Yes No Basement Fixtures? , [	•	'		
Type of Wastewater System**	- on al		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)			(ilitiai) wastewater flow.	<u> </u>
25% Cody	cl'a Sich	(Panair)		
Installation Requirements/Conditions Number	er of trenches 2	_(nepair)		
			O	_
•	length of each trench		Trench Spacing: 9	Feet on Center
•	ies shall be installed on co		Soil Cover: $\underline{\mathcal{B}}$ i	nches
Maxim	um Trench Depth of:	20 inches	(Maximum soil cover shall n	ot exceed
(Trenci	h bottoms shall be level to	0 +/-1/4"	36" above the trench bott	om)
in all	directions)			,
Pump Requirements:ft. TDH vs GPM	,		6	inches below pipe
			Aggregate Depth: 2	
Conditions: Run drantines on contr	aut I NO DEES	PER the 20	Aggregate Deptil.	inches above pipe
conditions. The contract was the contract of t		Cr   right - a	77,240)7	inches total
	<u> </u>			
**If applicable: I understand the system type specified is differ	rent from the type specifie	d on the application.	I accept the specifications of the	his permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the	intended use changes. The Construct	tion Authorization shall not be	transferred when there is a change in ov	vnership of the site. This
Construction Authorization is subject to compliance with the provisions of the Eaws :			•	ATTACHED SITE SKETCH
		7072010 Kanadi Samura (1970) yan hinasa (1970)		
Authorized State Agent: Land	PC	n	5- /20 hood	
AUGINOTIZED STATE ASCITI.	-/L , J.	Date:	2/201406/	
	Construction Authoriz	zatıon Expiration Da	te: 5/2014	

## Harnett County Department of Public Health Site Sketch

	11		: 52 111 M			
ISSUED TO: Combeland	Homes	SUBDIVISION _	Ashetand		LOT # /	12 G
Authorized State Agent:	Misi	R.S.	Date: _	5/20/2009	-	

