HTE# 09-5-225/7

Harnett County Department of Public Health

25298

Improvement Permit

A build	PROPERTY LOCATION: SR (111)		
ISSUED TO: Combindand Homes	SUBDIVISION Asheford	LOT # /º7	
NEW ☐ REPAIR ☐ , EXPANSION ☐	Site Improvements re	quired prior to Construction Authorization Issuance:	
Type of Structure: _ JFD 55 XJY'	- Stee Improvements 10	quired prior to construction nutriorization issuance.	
Proposed Wastewater System Type: Conventional	2		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants:	6 max		
Basement Yes 1 No			
Pump Required: □Yes ☑ No □ May be required t	pased on final location and elevations of facilities		
Type of Water Supply: Community Public Public	Well Distance from well feet	Permit valid for: Five years	
Permit conditions:		□ No expiration	
Authorized State Agent:	C.J. Date: 8/10/2009	SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the	he issuance of other permits. The permit holder is responsible for chi	ecking 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 Laws and Rules for Sewage Treatment and Disposal and to conditions of the	. The Improvement Permit shall not be affected by a change in own	ership of the site. This permit is subject to compliance with the provisions of	
the cams and rules for semage meaninging and disposal and to conditions of the	us permit.		
<u>Construction</u> Authorization			
	(Required for Building Permit)		
The construction and installation requirements of Rules 1950, 1952, 1954, 1	955, .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: Comberland Hones	DRODERTY LOCATION CA		
1330ED 10: COMBOTENG HENCE	PROPERTY LOCATION: SR	111	
		.~d LOT # _/07	
Facility Type: SFD	■ New □ Expansion □ Repair		
Basement? Yes No Basement Fixtures?	'□_Yes □ No	4	
Type of Wastewater System** Convention	ral	(Initial) Wastewater Flow 60 GPD	
(See note below, if applicable □)	0		
(convent)	cha (Repair)		
	mber of trenches 2 0 = 3		
	act length of each trench 75 er 50 feet	Trench Spacing: 9 Feet on Center	
_ · _ · _ ·	nches shall be installed on contour at a	• •	
	_	Soil Cover: inches	
	ximum Trench Depth of: 24-30 inches	(Maximum soil cover shall not exceed	
· ·	ench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	all directions)	/	
Pump Requirements:ft. TDH vs GP	M	inches below pipe	
		Aggregate Depth: inches above pipe	
Conditions:		inches total	
**If applicable: / understand the system type specified is di	ifferent from the type specified on the application	I account the energializations of this manufacture	
" apprecion." anderstand the system type specimed is the	теген тот те туре зрестей он те аррисацой.	r accept the specifications of this permit.	
Owner/Level Bernardskin Cimeter		_	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or	the intended use changes. The Construction Authorization shall not be	e transferred when there is a change in ownership of the site. This	
Construction Authorization is subject to compliance with the provisions of the La	ws and Rules for Sewage Treatment and Disposal and to the conditi	ons of this permit. SEE ATTACHED SITE SKETCH	
/ nich	0 (
Authorized State Agent: Date: 5/10/2009 Construction Authorization Expiration Date: 8/10/2014			
	Construction Authorization Evaluation D	ato: 8/10/2014	
		ne 1,11418811	

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 5R 1111 Marks RJ.	•
ISSUED TO: Comberland Honer SUBDIVISION Ashaford	LOT # _/ ¢7
Authorized State Agent: Date: 8/10	2009

