HTE# 09-5-23278

Harnett County Department of Public nealth

25814

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SUBDIVISION AS Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: Pumpto Projected Daily Flow: __ 360 Number of bedrooms: Number of Occupants: Basement Yes ☐ May be required based on final location and elevations of facilities Pump Required: Tes Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: Permit conditions: ■ No expiration 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. ☐ Expansion ☐ Repair Facility Type: Basement? Yes Basement Fixtures?

Yes (Initial) Wastewater Flow: 360 compto Convent Type of Wastewater System** (See note below, if applicable Installation Requirements/Conditions Number of trenches Exact length of each trench 60 Septic Tank Size / 000 Pump Tank Size / 000 Trenches shall be installed on contour at a Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) ft. TDH vs. __ inches below pipe Otilities Allowed in system for repoir Ar emost be at least 10ff from any so **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: 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent:

Construction Authorization Expiration Date: /2

Harnett County Department of Public Health Site Sketch

ISSUED TO: Comberland Homes SUBDIVISION As Letters LOT # 104

Authorized State Agent: Dup Winin KEHS Date: 12/22/2009

