HTE#10-5-24258

## Harnett County Department of Public Health

26057

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Confort /2 NEW REPAIR  Throat Some	400 - 711	PROPERTY LOCA	TION: <u>52/4/2</u>	Christia Co	54 R	O
NEW REPAIR	EXPANSION []	_ ZORDIAIZION _	1 OREST /	CATIS		10T # "9 9
Type of Structure: 5 F	-D EXPANSION D		Site Improvements required prior to Construction Authorization Issuance:			
Proposed Wastewater System Type:						
Linkeried hally Llow: 260	( <sub>2</sub> Pi)					
Number of bedrooms: $3$	Number of Occupants: 6	may				
pasement Ties No		_IIIGA				
Pump Required: 🗹 Yes 🔲 No	May be required based on final lo	ncation and alays	tions of facilities	***		<del></del>
The or marci supply. — community	Public Well Distant	ce from well	foot			
Permit conditions:			ieet	Permi	it valid for:	Five years
						No expiration
Authorized State Assess	+ M + 1 = 1					
Authorized State Agent:	Co Arthat Co	Date: _	7-9-1	(U)	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Departme site is subject to revocation if the site plan, plat, of the Laws and Rules for Sewage Treatment and Dispo	in the way guarantees the issuance of other r the intended use changes. The Improvement F usal and to conditions of this permit	permits. The permit Permit shall not be a	holder is responsible for of ffected by a change in ow	checking with appropriate go nership of the site. This per	werning bodies in n mit is subject to co	neeting their requirements. This ompliance with the provisions o
The committee of the state of t	(Rogu	ired for Duildi.	horization g Permit)			
The construction and installation requirements of Rul with the attached system layout.	les .1950, .1952, .1954, .1955, .1956, .1957, .	1958. and .1959 are	incorporated by reference			
ISSUED TO: Commont Hor Facility Type: SFI Basement? System** Mo Type of Wastewater System** Mon	mas ENC	PROPERTY	LOCATION: 50.141	2 Christe	Leeld	-XS
Facility Town		SUBDIVISIO	Found:	Trails	1	INT# 99
Partity type:		Expansion	on 🗌 Repair			
pasement: Li Yes Mo	Basement Fixtures?    Yes	☑ No	•			
Type of Wastewater System** $\mathcal{L}_{G}$ (See note below, if applicable $\square$ )	extrap to (Accepted).	25% 160	KSUN Sach	(Initial) Waster	vator Flour	7/- 000
(See note below, if applicable 🗀)	,	4.		(mitial) Waster	rater flow.	<u> </u>
May	the to AT GRAPE	/Fill lead	(Renair)			
Installation Requirements/Conditions	Number of trenche	37	(mepun)			
Septic Tank Size <u>1000                                  </u>	Number of trenches  Exact length of each	ch tranch	~~~ `````	T 1.6 :	a	
Pump Tank Size <u>1000</u> gallo		cii a ciidii <u>o</u>	ieet	, , ,	Fe	eet on Center
		installed off Coff	ourata	Soil Cover:		
	Maximum Trench D	epui or:		(Maximum soil c	over shall not	exceed
	(Trench bottoms shi	all be level to	+/-1/4"	36" above the	trench bottom	)
rump Requirements:ft. TD	in all directions)					
it. ID	H vs GPM				<u> </u>	inches below pipe
onditions:				Aggregate Depth:	Z.	inches above pipe
onarions.					<b>/ 2</b>	inches total
						inches total
W. C.						· · · · · · · · · · · · · · · · · · ·
*If applicable: / understand the system t	ype specified is different from the	type specified	on the application.	I accent the specific	rations of this	narmit
			77	· accept the specime	acions of this	permit.
wner/Legal Representative Signature:				Date:		
is Construction Authorization is subject to revocation instruction Authorization is subject to compliance with	f the site plan, plat, or the intended use chang	ges. The Construction	Authorization shall not be			
nstruction Authorization is subject to compliance with	the provisions of the Laws and Rules for Sewaş	ge Treatment and Dis	posal and to the condition	ns of this permit.		TOP OF the SITE SKETCH
thorized State Agent:	4 1 1	10 16	Date:		~= N(1)	WILL SILL SKLICH
	Construct	ion Authorizat		te: 7-5	-15-	
			=npiration Da		/ )	-

HTE# 10-5-24258

Permit # 26057

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Confort Homes INC	PROPERTY LOCATON: Se 1412 Chuitin Luft po					
SORTAL TOPES FACE	SUBDIVISION Forest	Trail	. 0	LOT # <u>-99</u>		
Authorized State Agent Ame Manh	in ferons	Date:	7-9-	<i>F</i> G		

\* 3-3/2 Sch 40 valves on mantee. \* 2" Supply LENE.

