HTE#<u>10 - 5 - 24</u>260

Harnett County Department of Public Health

26088

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: JR 1412 Christian Logart RD SUBDIVISION Forest Tracks NEW V REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: ___ Proposed Wastewater System Type: 25% REDUCTION System (Pump) Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Pump Required: Yes No May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years

Permit conditions:

Follow Consultants Layout Constact E.H. WITH CONSTITUTES to Compared

Authorized State Agent: Date: 10 - 29 - 10

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for cherking with appropriate governing holders in masting their requirements. 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 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 Facility Type: SFD SUBDIVISION Frost Trace | PROPERTY LOCATION: Sc. 1417 Claish (274 PRO SUBDIVISION Frost Trace) | LOT # 114 |

Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** Pump to 25% REDUCTUN System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable PPBS (Consultant Chrice) (Repair) Installation Requirements/Conditions Number of trenches ______ Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: 78-30 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. ____ Follow Consultants Layout.

Constact E.H. WITH, QUESTIONS to Layout,

E. / understand the arm **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 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Date: 10-29-10 Construction Authorization Expiration Date: 10-29-15

Harnett County Department of Public Health Site Sketch

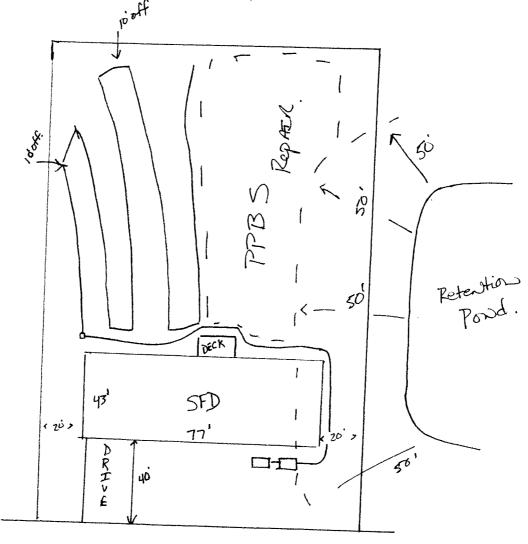
ISSUED TO: Comfort Homes INC PROPERTY LOCATON: SC/41Z Chistin Light RA SUBDIVISION FOREST TOAKS LOT#	114
Authorized State Agent James & Manhan & Reus Date: 10-29-10	

* System and Layout for Repair Requested by Confort Homes.

Private Consultant.

* DRATALINES TO FOllow LAGOUT EXACTING.

* ANY Questions ? CONTACT E.H.



KINSMAN CT