26093

## HTE# 10-5-25582

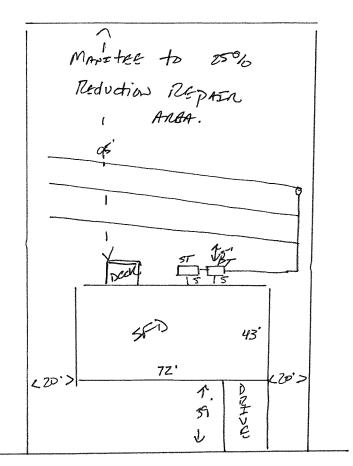
## Harnett County Department of Public Health

## **Improvement Permit**

	A building permit cannot be issued with onl		Permit Christen Cest	# no
ISSUED TO: Confort Homes:	TUC SUBDIVISION F			10T # S.7
NEW ☑ REPAIR □ EXPANS			uired prior to Construction Autho	rization Issuance:
Type of Structure:			1	
Proposed Wastewater System Type: 25% R.S.D.	veron (Movike)			
Projected Daily Flow: GPD GPD				
Number of bedrooms: Number of Occi				
	$\frac{1}{2}$ uired based on final location and elevations		11.	_
Type of Water Supply:   Community Public Permit conditions:	☐ Well Distance from well	feet	Permit valid for:	<ul><li>✓ Five years</li><li>☐ No expiration</li></ul>
* M	1 18 15c			
Authorized State Agent:	Date:	11-17-10	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be affected	r is responsible for check d by a change in owners	king with appropriate governing bodies in ship of the site. This permit is subject to	meeting their requirements. This compliance with the provisions of
	Construction Autho	rization		
	(Required for Building P	Permit)		
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	.1954, .1955, .1956, .1957, .1958. and .1959 are incor	rporated by references in	nto this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: Comfort Homes	TVC PROPERTY LOCA	TINU <b>C.1</b> 11	1.7 PD. 4-	2-11 21
1330ED TO. COMPLEY FIFTHER	CHDDIMICION &	Allon: OSC 1	112 Chistips	Left KI
Earlibe Tuna	New □ Expansion	oust 11	raic .	LOT # 7/
Facility Type:	_ '	☐ Repair		
	xtures? Yes No			** / .
Type of Wastewater System**  (Soo note below if applicable    (Soo note below if applicable   (Soo note below if applicable   (Soo note below if applicable   (Soo note below if applicable	to 25% REDOLTION		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable   )	1- 7800 ALAMOND	• •		
	to 25% REDUCTION Dep	pair)		
Installation Requirements/Conditions	Number of trenches 3	-	<b>9</b>	
Septic Tank Size /000 gallons	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour			nches
	Maximum Trench Depth of: 247		(Maximum soil cover shall r	
	(Trench bottoms shall be level to +/	'-1/4"	36" above the trench bott	om)
	in all directions)		•	
Pump Requirements:ft. TDH vs	GPM		_ {	inches below pipe
			Aggregate Depth: Z	inches above pipe
Conditions:	40.			/Z inches total
	And the second s			
*If applicable: I understand the system type specified	d is different from the type specified on	the application.	l accept the specifications of t	his permit.
Owner/Legal Representative Signature:  his Construction Authorization is subject to revocation if the site plan,			Date:	
his Construction Authorization is subject to revocation if the site plan,	plat, or the intended use changes. The Construction Au	thorization shall not be		
onstruction Authorization is subject to compliance with the provisions of	of the Laws and Rules for Sewage Treatment and Dispos	sal and to the condition	s of this permit. SEE 1	ATTACHED SITE SKETCH
authorized State Agent:	Vontenou	S Date:	11-17-10	
P	Construction Authorization	n Evniration Day	11-17-10	

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Confort Homes Twc SUBDIVISION Forest Trails Lot # 97  Authorized State Agent and & Markon for RBMS  Date: 11-17-18	2 0 1 1	PROPERTY LOCATON:	SR1412 Christis	List PRD
Authorized State Agent: pres & Markon for RB+55  Date: 11-17-10	ISSUED TO: Confort Homes	ZNC SUBDIVISION	Forest Trails	LOT # 97
	Authorized State Agentina & Mas	harfe Ross	Date: //	-17-10



KINSMAN CT