26095

HTE#10-5-25583

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SCIANS RIS NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 28/6/1200 CROD System Projected Daily Flow: _______ ___ GPD
Number of Occupants: ____6___max Number of bedrooms: ________ Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agenti Jomes & Monhan Dunices Authorized state Agent: JEE ALIACHEU SILE SKEICH

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 ISSUED TO: COMFORT HOMES INC PROPERTY LOCATION: SK 1448 ATKINS IZD SUBDIVISION __STETSON ✓ New ☐ Expansion ☐ Repair Basement Fixtures?

Yes Basement? Yes Type of Wastewater System** 25% REDU CTOON Sustan (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) Number of trenches 4 Installation Requirements/Conditions Number of trenches _______ feet Trench Spacing: ______ Feet on Center Trenches shall be installed on contour at a Soil Cover: _______ inches Septic Tank Size 1000 gallons Pump Tank Size _____gallons Maximum Trench Depth of: 30->18 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. ____ GPM **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: James & Manhan & works Date: /1-23-10

Construction Authorization Expiration Date: 17-23-15

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 5R1448 ATKINS RD

ISSUED TO: Comfort Homes INC SUBDIVISION SIKISON LOT # 38

Authorized State Agent: Date: 11-23-10

