HTE# 11-5-27185

Harnett County Department of Public Health

Improvement Permit

26854

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Macao Toward				
ISSUED TO: COMBERLAND HOME:	PROPERTY LOCA	TINGEN #	LACE	LOT # 3 \
NEW REPAIR ☐ EXPANSIO	1		quired prior to Construction Auth	
NEW REPAIR EXPANSIO				
Proposed Wastewater System Type: 25% REO	ICTION SYSTEM			
Projected Daily Flow: 360 GPD	. (
Number of bedrooms: Number of Occup	ants:max			
	red based on final location and eleva	ations of facilities		
Type of Water Supply: Community Public Permit conditions:			Permit valid for:	Five years No expiration
Askel III				•
	1 000	40 10 11		
Authorized State Agent: Date: 12 8 1 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 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 Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.			into this permit and shall be met. Syste	ms shall be installed in accordance
ISSUED TO: COMBERLAND HOME	NC PROPERTY	LOCATION: M	roloner lo	- 9
((SUBDIVISIO		PLACE	LOT # <u>~3)</u>
Facility Type: 550 (55×45) New Expansion Repair				
Basement? □ Yes No Basement Fixtures? □ Yes No Type of Wastewater System** <u>05% REDUCTION SYSTEM</u> (Initial) Wastewater Flow: <u>360</u> GPD				
Type of Wastewater System** 25% RE	DUCKTON DYSTE	<u>~</u>	(Initial) Wastewater Flow	: GPD
(See note below, if applicable (See Note Delivery)	DUCTION SYSTEM	/n ')		
		_(Kepair)		
Installation Requirements/Conditions Septic Tank Size \(\sumeq\) \(\sumeq\) gallons	Number of trenches \\	\ \(\sigma\)	Trench Spacing:	Ford C. 4
,	Exact length of each trench		Soil Cover: 12-18	
Pump Tank Size gallons	Trenches shall be installed on commaximum Trench Depth of:		Maximum asil savan abal	_ inches
	(Trench bottoms shall be level t		(Maximum soil cover shall	
	•	.0 〒/-1/4	36" above the trench b	ottom)
Pump Requirements:ft. TDH vs	in all directions) GPM			index below of
Tump Requirements	_ ערוז		Aggregate Denth	inches below pipe
Conditions:			Aggregate Depth.	inches above pipe inches total
				, miches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E INET EDOM ANV DADT NE C	EDTIC CVCTEM OD I	DEDAID ADEA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		ELLIC SISIEM OK I	VEFAIN ANEA.	
NEW COLUMN COLUM				
**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: Date:				
This Construction Authorization is subject to revocation If-the site place 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 perusions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
	MI		2 1	
Authorized State Agent: Date: 1287)				
Construction Authorization Expiration Date: 128 16				

Harnett County Department of Public Health Site Sketch

