HTE# 11-5-27696 R Harnett County Department of Public Health

Improvement Permit

26539

A	building permit cannot be issued with only an Impro		
ISSUED TO: Confort Homes	PROPERTY LOCATION: 52 144 ZNC SUBDIVISION STETS		LOT # <u>24</u>
NEW ☐ REPAIR ☐ EXPANSIO		nts required prior to Construction Autho	
Type of Structure:	The improvement	ins required prior to construction Autilo	rizativii issuance.
Proposed Wastewater System Type: Manches to	75% RGD		——————————————————————————————————————
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occu	pants: C max		***************************************
Basement Yes No			
	ired based on final location and elevations of facilities		
· ·	☐ Well Distance from well fer	et Permit valid for:	Five years
Permit conditions:		·	☐ No expiration
			<u>'</u>
	M / PITT REITS		
Authorized State Agent:	Canh And Date: 10 - 24 -	<u> </u>	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara 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 conditio	changes. The Improvement Permit shall not be affected by a change	for checking with appropriate governing bodies in in ownership of the site. This permit is subject to	n meeting their requirements. This compliance with the provisions of
	Construction Authorization		and the second s
	Construction Authorization	<u>II</u>	
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by re	ferences into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: Confort Hone.	Free PROPERTY LOCATION: S	21448 ATKENSR	Δ
<i>U</i>	SUBDIVISION STET	3m	LOT # <u>24</u>
Facility Type:	New 🗆 Expansion 🗆 R	epair	
Basement? 🗌 Yes 📈 No Basement Fix	tures? 🗆 Yes 🔼 No		
Type of Wastewater System** Mastke	40 25% REDUCTIONS	45 40 Anitial) Wastewater Flow:	360 GPD
(See note below, if applicable)		(, , , , , , , , , , , , , , , , , , ,	
Marteo	to 25% 126DVCTAMPAIN		
Installation Requirements/Conditions	Number of trenches	_	
Septic Tank Size 1000 gallons		eet Trench Spacing:	Cont on Conton
	•		_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a		inches
2 V 1/ 11 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ches (Maximum soil cover shall	
3 x 1/2" schydumives	(Trench bottoms shall be level to +/-1/4"	36" above the trench bot	tom)
	in all directions)	,	
Pump Requirements:ft. TDH vs	GPM	6_	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			1Z inches total
NATER LINES (INCLUDING IRRIGATION) MUST I	RE LOFT, FROM ANY PART OF SEPTIC SYSTEM	OR REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	IDAIN FIELD ADEA	OR REPAIR AREA.	
. Priside			
**If applicable: / understand the system type specified	' is different from the type specified on the appli	cation. I accept the specifications of	this permit.
Owner/Legal Representative Signature:	Representative Signature: Date: n 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		
onstruction Authorization is subject to compliance with the provisions o	the Laws and Rules for Sewage Treatment and Disposal and to the	conditions of this permit. SEE	ATTACHED SITE SKETCH
Authorized State Agent: Date: 10-26-11			
Authorized State Agent: Date: 10 - 26 - 15 Construction Authorization Expiration Date: 10 - 26 - 16			
Construction Authorization Expiration Date: 10 -26 16			

Harnett County Department of Public Health Site Sketch



