HTE# 12-5 - 29938

## Harnett County Department of Public Health

## **Improvement Permit**

27215

	sued with only an Improvement Perm		See AN
	TY LOCATION: 36 1941 Ch. ISION MERCHAL S		10T # 2
NEW ☑ REPAIR ☐ EXPANSION ☐		prior to Construction Authori	zation Issuance:
Type of Structure:			
Proposed Wastewater System Type: 25% 1280 v G Con System			
Projected Daily Flow: 360 GPD  Number of bedrooms: 8 Number of Occupants: max			, , , , , , , , , , , , , , , , , , ,
Number of bedrooms: Number of Occupants: max  Basement  Yes No			
Pump Required: □Yes □ No □ May be required based on final location as	nd elevations of facilities	2	
Type of Water Supply:  Community Public  Well Distance from V		Permit valid for:	Five years
Permit conditions:			☐ No expiration
Authorized State Agent:	Date: 10-30-12	SEE ATTA	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. I			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shal the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	I not be affected by a change in ownership o	of the site. This permit is subject to o	compliance with the provisions of
the taws and rules for sewage treatment and disposal and to conditions of this permit.			
Construction	n Authorization		
	r Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and with the attached system layout.	ŭ ,	nis permit and shall be met. Systems	shall be installed in accordance
ICCUITO TO. Com I at Africa. Place	ADERTY LACATION. *** #25111	Cl. I haston	
ISSUED TO: Confort Home, Truc PRI	DIVISION AND AND AND	CARLOUNCE	100 # 1
Facility Type: New	Expansion	30 /84 800	LUP#
Basement?  Yes No Basement Fixtures? Yes No			
Type of Wastewater System** 25% REDUCTION Sign for		(Initial) Wastewater Flow:	560 GPD
(See note below, if applicable □)		()	
252 1261XVEELOW 30th	(Repair)		
Installation Requirements/Conditions Number of trenches	2.		
Septic Tank Size gallons		. •	Feet on Center
Pump Tank Size gallons Trenches shall be installe			nches
Maximum Trench Depth o		(Maximum soil cover shall n	
(Trench bottoms shall be	level to +/-1/4"	36" above the trench botto	om)
in all directions)			
Pump Requirements:ft. TDH vs GPM	<b>5</b>	P. d. P.	inches below pipe
Conditions:	Ag	gregate Depth:	inches above pipe inches total
collutions.			miches total
WATER LINES /INCLUDING IRRIGATION/ MILET DE 10ET EDOM ANY DAD	T OE CEDTIC CVCTEM OD DEDA	ID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PAR' NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	I UF SEFIIC STSTEM UK KEFA	IN ANCA.	
**If applicable: I understand the system type specified is different from the type	specified on the application. I ac	ccept the specifications of t	his permit.
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The		Date:	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treat	*	this permit. SEE I	ATTACHED SITE SKETCH
Authorized State Agent:	1 esto-		
Authorized State Agent:	Date:	10-30-12	

Construction Authorization Expiration Date: \_

10-30-17

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SC1441 Chappenter Sound RD
ISSUED TO: Confort Hones	TWC SUBDIVISION Mesedit 3-4720 LOT # 2
- "	
Authorized State Agent	Marchan & 10 -30-12
° 77	

