## HTE#13-5-3109612 Harnett County Department of Public Health

Improvement Permit

27388

| A bu   | uilding permit cannot be issued wi         | th only an Improvement          | Permit<br>Posul's CHVERE                     | 00                                 |
|--|--|---------------------------------|--|------------------------------------|
| ISSUED TO: Confort Homes I   |  | 512150D                         | umis or very                                 | LOT # 33                           |
| NEW  | -  |                                 | uired prior to Construction Autho            |                                    |
| Type of Structure:   |  |                                 |  |                                    |
| Proposed Wastewater System Type: 25% 12500   | run  |                                 |  |                                    |
| Projected Daily Flow: GPD GPD  |  |                                 |  |                                    |
| Number of bedrooms: Number of Occupar  | nts:max                                    |                                 |  |                                    |
| Basement Yes No  |  |                                 |  |                                    |
|  | d based on final location and elev         |                                 | D-mais valid fam                             | гт <del>/</del>                    |
| Type of Water Supply:  Community Public  Permit conditions:  | ☐ Well Distance from well                  | ISET                            | Permit valid for:                            | ☐ Five years<br>☐ No expiration    |
| reffille Conditions.   |  |                                 |  | ш но ехриации                      |
| A  |  |                                 |  |                                    |
| Authorized State Agent   | Indrast 2 Date:                            | 5-10-                           | SEE AT                                       | TACHED SITE SKETCH                 |
| The issuance of this permit by the Health Department in no way guarante  |  |                                 |  |                                    |
| site is subject to revocation if the site plan, plat, or the intended use char<br>the Laws and Rules for Sewage Treatment and Disposal and to conditions |  | affected by a change in owne    | rship of the site. This permit is subject to | compliance with the provisions of  |
| the taws and notes for sewage freatment and pisposal and to conditions   | of this perime.                            |                                 |  |                                    |
|  | Construction N                             | .4harization                    |  |                                    |
|  | Construction Au                            |                                 |  |                                    |
|  | (Required for Build                        | • ,                             |  |                                    |
| The construction and installation requirements of Rules .1950, .1952, .1954 with the attached system layout.   | 4, .1955, .1956, .1957, .1958. and .1959 : | are incorporated by references  | into this permit and shall be met. System    | s shall be installed in accordance |
| a a a  |  |                                 |  |                                    |
| ISSUED TO: Confort Homes Fix   |  | Y LOCATION: 5214                | 48 Robols CAR                                | TREH RD                            |
|  | ZORDIAIZ                                   | ION 5173-75.                    | <i>شک</i>                                    | LOT # <u>33</u>                    |
| Facility Type:   | _ 🗷 New 🗆 Expar                            | nsion 🗆 Repair                  |  |                                    |
| Basement?  Yes No Basement Fixtu   |  | -                               |  |                                    |
| Type of Wastewater System** 25% アルカン   | LOVON SOF M                                |                                 | (Initial) Wastewater Flow:                   | <u> 360</u> GPD                    |
| (See note below, if applicable □)  | /  |                                 | ,  |                                    |
| Peop to 2  | 59- RHAVIR                                 | ( <del>Rep</del> air)           |  |                                    |
|  | Number of trenches 3                       |                                 | 0  |                                    |
|  | Exact length of each trench                | 100 feet                        | Trench Spacing: 7                            | _ Feet on Center                   |
|  | Trenches shall be installed on             |                                 | 1 0  | inches                             |
|  | Maximum Trench Depth of:                   | - Aven                          | (Maximum soil cover shall                    |                                    |
|  | (Trench bottoms shall be level             |                                 | 36" above the trench bot                     |                                    |
|  | in all directions)                         | 10 - 7 17 1                     | JU ADUTE AIC ACIDA DO                        | ttom)                              |
| Pump Requirements:ft. TDH vs   | GPM  |                                 | 6  | inches below pipe                  |
| Tump Requirements  | ULL  |                                 | Aggregate Depth:                             | inches above nine                  |
| Conditions:  |  |                                 | Mggregate Deptil.                            | / 2 inches total                   |
| Conditions.  |  |                                 |  | #HUICS LULAI                       |
|  |  | CERTIC CUCTELL OR I             | TRICK INT                                    |                                    |
| WATER LINES (INCLUDING IRRIGATION) MUST BE   |  | SEPTIC SYSTEM OK I              | REPAIK AKEA.                                 |                                    |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR   | AIN FIELD AREA.                            |                                 |  |                                    |
| **If applicable: / understand the system type specified in   | is different from the type speci.          | fied on the application.        | I accent the specifications of               | this nermit                        |
| 11 apprication in approximation of the specimen.   | o unicione nom me spe spess.               | ned on the approach             | Thereps the specimensons                     | uns perma                          |
| Owner/Legal Representative Signature   |  |                                 | Date:  |                                    |
| Owner/Legal Representative Signature:  | at or the intended use changes. The Constr | ruction Authorization shall not | ne transferred when there is a change in     | ownership of the site. This        |
| Construction Authorization is subject to compliance with the provisions of t   |  |                                 |  | ATTACHED SITE SKETCH               |
|  |  | 1                               | 1  |                                    |
| Authorized State Agent:  | MANHAN                                     | Date:                           | 5-10-13                                      |                                    |
| Authorized state Agent.  |  | Date.                           |  |                                    |

Construction Authorization Expiration Date: \_\_

## Harnett County Department of Public Health Site Sketch

|                          | PROPERTY LOCATON: SN 1448 JUM | & CHUCKET ROS      |
|--------------------------|-------------------------------|--------------------|
| ISSUED TO: Confort Homes | Tex SUBDIVISION STETSON       | LOT # _ <i>3</i> 3 |
| Authorized State Agent:  | Manhonde Date:                | 5-10-13            |

