HTE#13-5-32443

Harnett County Department of Public Health

27710

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION SAL437 BAlland RD SUBDIVISION Bulland Wood ISSUED TO: Combenland Homes INC Site Improvements required prior to Construction Authorization Issuance: NEW 🖂 EXPANSION Type of Structure: Proposed Wastewater System Type: 25% REDUCTON GPD Projected Daily Flow: Number of Occupants: ____ Number of bedrooms: Basement TYes ☐ May be required based on final location and elevations of facilities Pump Required: \(\overline{\text{Yes}}\) ☐ No Five years Public Well Distance from well _____ feet Permit valid for: Type of Water Supply:

Community ■ No expiration Permit conditions: ___ ollow Consultants Report Authorized State Agent:

Date: 12-18-13 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 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 with the attached system layout. | SSUED TO: Cunhentary Homes Tric | PROPERTY LOCATION: SC1437 Balland | SUBDIVISION BALL Maximum Trench Depth of: _______ inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent:

Construction Authorization Expiration Date: _____1 2-1 2-1 8

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 8n/437 /3n/lond RS

ISSUED TO: Conhedonal Hoveing thic SUBDIVISION Bollows weeks LOT # 90

Authorized State Agency S Months Date: 12-18-13

Follow Consultants Report