HTE# 14-5-37941 R

Harnett County Department of Public Health

28193

Improvement Permit

,	building permit cannot be issued with only an Improvement Permit	
MILLE TO C HOLOS	PROPERTY LOCATION: RAWLS CHURCH KO	
ISSUED TO: Comfort Homes		LOT # <u>\</u>
NEW ☑ REPAIR ☐ EXPANSION	ON 🗆 Site Improvements required prior to Construction Author	ization Issuance:
Type of Structure: SFD (H8 ×52')		
Proposed Wastewater System Type: Pume 25%	1 KEOUCKION	
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occu	pants:max	
Basement 🗆 Yes 🔀 No		
	ired based on final location and elevations of facilities	
Type of Water Supply: ☐ Community ☐ Public Permit conditions:	☐ Well Distance from well <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	Five years
remit conditions.		☐ No expiration
Authorized State Agentu	RENS Date: 3/4/15 SEE ATT	LOUPD OUT OVETON
Authorized State Agent:	ntees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in	ACHED SITE SKETCH
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 in ownership of the site. This permit is subject to	compliance with the provisions of
	Construction Authorization	
	(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 references into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: Comport Homes	INC PROPERTY LOCATION: RAWLS CHURCH FOR SUBDIVISION STETSON	3
6- 11-11-	SUBDIVISION STETSON	LOT # \ \
Facility Type: SFO (48' × 5x)	New 🗆 Expansion 🗆 Repair	
Basement? Yes No Basement Fix	tures? 🗆 Yes 🔀 No	
Type of Wastewater System** Punction	25% REDUCTION (Initial) Wastewater Flow:	360 GPD
(See note below, if applicable	(mail) Hasterater from _	
Que of the selection, in approximate the Que of T	- 25% Reso. (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size 1000 gallons	Exact length of each trench 90 feet Trench Spacing:	Feet on Center
Pump Tank Size <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>		nches
	Maximum Trench Depth of: 18 inches (Maximum soil cover shall n	ot exceed
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottoms	om)
	in all directions)	,
Pump Requirements:ft. TDH vs		inches helow nine
	Aggregate Depth:	inches below pipe
Conditions Lawrence De	Aggregate Depth:	
Conditions: INTERCEPTOR POLYN	F SURFACE DIVERSION REOVIRED - DETRILS. THIS PERMIT BASE ON PROPOSAL FRA	inches total
		th Applicants
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	LSS
NO UTILITIES ALLOWED IN INITIAL OR REPAIR C	IRAIN 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:	Date:	
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		
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. SEE ATTACHED SITE SKETCH		
The Ill	. 1	
Authorized State Agent:	0 Date: 3/21/15	
The state of the s		
	Construction Authorization Expiration Date: 3 4 20	1

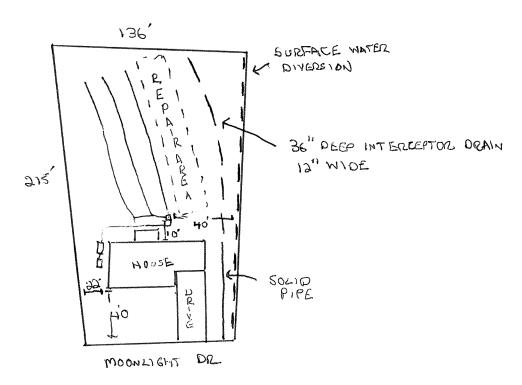
Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: RAWLS CHURCH RO

SUBDIVISION STETSON

Date: 3/4/15



* INSTALL INTERCEPTOR PROIN ABOUT 15' ABOVE TOP LINE OF REPAIR.

REDAIR IS TO BE 2×120'.

*CALL MITH ANY QUESTION PRIOR TO INSTRUMION

* SYSTEM TO BE INSTOLLED IN DRY CONDITIONS ONLY!