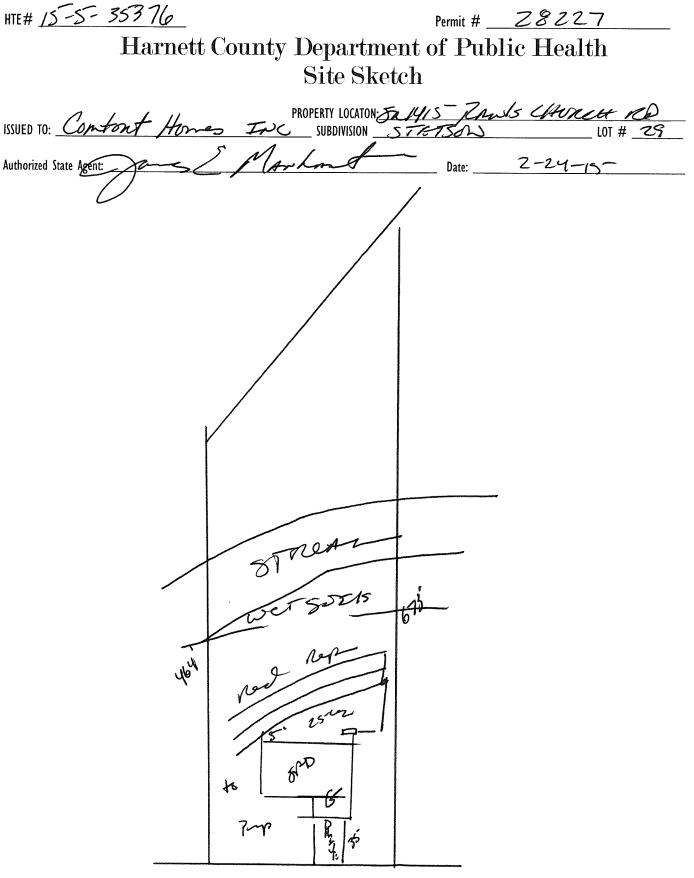
HTE# <u>15-5-353</u> 76	Harnett County	Department of Pu	blic Health	28227
	Imp	orovement Permit		
		ot be issued with only an Improvem	ent Permit	
			Rowents CAURUM"	20
ISSUED TO: Confort Homes	The	SUBDIVISION STRTS		LOT # 25
	EXPANSION 🗆	Site Improvements	required prior to Construction Author	prization Issuance:
Type of Structure: Proposed Wastewater System Type: Color ZS	52 Rowins			
Projected Daily Flow: GP				
		max	· · · · · · · · · · · · · · · · · · ·	
Basement 🗆 Yes 🖻 No	/			
Pump Required: 🗆 Yes 🗆 No 🗹 Ma	ybe required based on final lo	cation and elevations of facilities		
Type of Water Supply:  Community Permit conditions:		e from well feet	Permit valid for:	Five years
	, A			
Authorized State Agent:	Mashante	 Date: Z-24	1-15 SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in n	o 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 in	tended use changes. The Improvement I	Permit shall not be affected by a change in o	wnership of the site. This permit is subject t	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and	to conditions of this permit			
	ŕ,	· • • • · · ·		
	Constru	iction Authorization		
		uired for Building Permit)		
The construction and installation requirements of Rules .195 with the attached system layout.	50, .1952, .1954, .1955, .1956, .1957, .	1958. and .1959 are incorporated by referen	ces into this permit and shall be met. System	is shall be installed in accordance
ISSUED TO: Confort Homas	Tax	PROPERTY LOCATION: Se	45 Rombs (14 pl.	2
ISSUED TO: Confort Homes		SUBDIVISION STGT	415 Ronds CH RI.	LOT # Z7
Facility Type:	New	Expansion 🗌 Repa	ir	
Basement? 🗆 Yes 🗹 No Base	ement Fixtures? 🔲 Yes	No		
Type of Wastewater System** 25%	Contra S	iste-	(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable $\Box$ )		/	. ,	
Fup	to 2520 1CB	Noco (Repair)		
Installation_Requirements/Conditions	Number of trench	es	0	
Septic Tank Size gallons gallons gallons	Exact length of e	ach trench <u>ノク</u> の feet	Trench Spacing:	_ Feet on Center
Pump Tank Size gallons		installed on contour at a	Soil Cover:	inches
		Depth of: 22-213 Wiche		
	1	hall be level to $+/-1/4$ "	36" above the trench bo	ttom)
	in all directions)			
Pump Requirements:ft. TDH v	s GPM			inches below pipe
			Aggregate Depth:	<b>Z</b> inches above pipe
Conditions:				12 inches total
WATER LINES (INCLUDING IRRIGATION)	MUST BE 10FT. FROM AN	Y PART OF SEPTIC SYSTEM O	R REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR R	REPAIR DRAIN FIELD AREA			
**If applicable: / understand the system type	spacified is different from th	he type specified on the applicate	ion 1 accent the specifications of	this parmit
<u>- appreable.</u> I understand the system type	specified is different from th	ie type specifieu on the applicati	un. T'accept the specifications of	uns permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the	e site plan, plat, or the intended use c	anges. The Construction Authorization shall n	ot be transferred when there is a change in	ownership of the site. This
Construction Authorization is subject to compliance with the				ATTACHED SITE SKETCH
	6 1 1			
Authorized State Agent: Date: 2-27-15				
Authorized State Agent: Date: Date: 2-24-15 Construction Authorization Expiration Date: 2-24-20				



MOONLESS DAEVE