HTE# <u>15-5-36366</u> Harnett County	Department of Pu	blic Health	28454	
Improvement Permit				
	ot be issued with only an Improveme	nt Permit		
P. C. A. II.	PROPERTY LOCATION: 51 1448	KTKINS RP		
ISSUED TO: Comfant Homes Inc.	SUBDIVISION STR	-	LOT # <u>52</u>	
NEW C REPAIR E EXPANSION Type of Structure: SFD	Site Improvements	equired prior to Construction Auth	orization Issuance:	
Type of Structure:SFD Proposed Wastewater System Type: 25% 72812005	• • • • • • • • • • • • • • • • • • •			
Projected Daily Flow: GPD	-			
Number of bedrooms: Number of Occupants:		and the second		
Basement IYes INO				
Pump Required: 🗆 Yes 🗆 No 🗹 May be required based on final le	cation and elevations of facilities			
Type of Water Supply:  Community Public  Well Distan Permit conditions:	ce from well feet	Permit valid for:	Five years No expiration	
<u> </u>	/			
Authorized State Agent: James C Markant	Date: 6-25	-15 SEE AT	TACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	permits. The permit holder is responsible for	hecking with appropriate governing bodies	in meeting their requirements. This	
	uction Authorization			
	uired for Building Permit)	a tao alta anna banda ball barra e e		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	.1758. and .1759 are incorporated by reference	es into this permit and shall be met. System	ns shall be installed in accordance	
ISSUED TO: Confort Homes INC	PROPERTY LOCATION: 3/	1448 ATKINS	RÀ	
		300	LOT # <u>52</u>	
Facility Type: New	Expansion Repai	r		
Basement? Ves No Basement Fixtures? Yes	⊠ No	<i>//</i> / / / / / / / // /// /////////////	3/ >	
Type of Wastewater System** <u>25% REDUCTZA</u>	rystb-	(Initial) Wastewater Flow:	<u> </u>	
(See note below, if applicable $\Box$ )				
<u>AT GAP B / U! SRA</u> Installation Requirements/Conditions Number of trend	<u>/774/82 (</u> kepair)			
Installation Requirements/Conditions 'Number of trend	les <u> </u>	Truck Continue 9	F ( ) ( )	
Septic Tank Size /000 gallons Exact length of e	ach trench <u>20</u> feet installed on contour at a	Irench Spacing:	_ Feet on Lenter	
	Depth of: $\frac{28}{\sqrt{8}}$ inches	•		
, , , , , , , , , , , , , , , , , , ,	shall be level to +/-1/4"	36" above the trench bo	ttom)	
in all directions)		/		
Pump Requirements:ft. TDH vs GPM		Accessed Deaths	inches below pipe	
Conditioner		Aggregate Depth:	inches above pipe	
Conditions:			inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI		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: Date: Date: Date: Date: Date: Date: Date: 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.				
Authorized State Agent: James & Manhant = Date: <u>6-25-15</u> Construction Authorization Expiration Date: <u>6-25-20</u>				
Construction Authorization Expiration Date: 6-25-20				

HTE# <u>15-5-36366</u>	Permit # _	28454		
Harnett County Department of Public Health				
Site Sketch				
PROPERTY LOCATON: JZ/448 ATKINS RE				
ISSUED TO: Comfort Hores Ince SUBI	IVISION STRISON	LOT #_52_		
Authorized State Agent:	Date:	le-25-15		

