HTE# <u>15-5-364</u> 52 Harn	ett County	Departm	ent of Pub	lic Health	28	462
	Imp	orovement	Permit			
A		not be issued with	n only an Improvement 110N: Itwy 42			
ISSUED TO: Comfort Honos	INC	_ SUBDIVISION	AUSEN F	Anno		LOT # _/
				quired prior to Construction	n Authorization	Issuance:
		-				·····
Proposed Wastewater System Type: 252 1284 Projected Daily Flow: 360 GPD	1800 m	-				
Projected Daily Flow: <u> </u>	nantri (a	mov				
Basement \Box Yes \Box No	pans	_max				
	ired based on final lo	ocation and eleva	tions of facilities			
Type of Water Supply: Community Public Permit conditions:				Permit valio		☐ Five years □ No expiration
	. A . ;	/				
Authorized State Agent: Authorized State Agent: Authorized State Agent: Authorized State Agent: A state and the state plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement			ecking with appropriate governing		g their requirements. This
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout. ISSUED TO: <u>Comfort Homes</u>	<u>(Rec</u> 1954, .1955, .1956, .1957,	uired for Buildi .1958. and .1959 ar	incorporated by references		et. Systems shall b	e installed in accordance
		SUBDIVISIO	N Austa	FARMS		_LOT #/
Facility Type:	New	🗆 Expans	ion 🗖 Repair			•
Basement? 🗆 Yes 🛛 No Basement Fix	tures? 🗌 Yes	No	1 - 1	<i>•</i>		
Type of Wastewater System** <u>Pump</u> 7	0 1020 10	KIJUU L	N245H	52 (In itial) Wastewater	r Flow: <u>3</u>	<u>60</u> GPD
(See note below, if applicable □) Pump to	75% 10	BAULS	_(Repair)			
Installation Requirements/Conditions	Number of trenc	hes <u>5</u>		C	5	
Septic Tank Size <u>1000</u> gallons Pump Tank Size <u>1000</u> gallons	Exact length of e	each trench 🚄	50 feet	Trench Spacing:		on Center
Pump Tank SizeOOO gallons			ntour at a			
				(Maximum soil cove		ceed
	(Trench bottoms	shall be level to) +/-1/4"	36" above the tree	nch bottom)	
	in all directions)				1	
Pump Requirements:ft. IDH vs	GPM				_~~	_ inches below pipe
Pump Requirements:ft. TDH vs Conditions:	an a			Aggregate Depth:	12	_ inches above pipe inches total
NATER LINES (INCLUDING IRRIGATION) MUST NO UTILITIES ALLOWED IN INITIAL OR REPAIR D			PTIC SYSTEM OR I	REPAIR AREA.		
**If applicable: / understand the system type specified	d is different from t	the type specifie	d on the application	. I accept the specificati	ions of this p	ermit.
Owner/Legal Representative Signature:				Date:		
Owner/Legal Representative Signature:	plat, or the intended use o	changes. The Construct	ion Authorization shall not	be transferred when there is a ch	nange in ownership	o of the site. This
Construction Authorization is subject to compliance with the provisions o						CHED SITE SKETCH

Authorized State Agent:	É	Markon	AC	Date:	7-7-75-	_
		Constructio	n Authorization Ex	piration Date:	7-7-20	**

Permit # _<u>28462</u> HTE# 15-5-36452 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON: Hwy 42 subdivision Austra Form lot # ____ 1 ISSUED TO: Confort Homes FIC Marta 7-:15-Date: Authorized State Agent: 106 Pump to 25% RBD Repair Andscript N N ~16= 51 Чb

LONNER BETTS DRIVE