HTE# 15-5-3753/ Harnett County Department of Public Health

28682

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

2 · · · · ·	PROPERTY LOCAT		Bellander)
ISSUED TO: Cophelland Homes		BALLAR		LOT # /39
NEW ☑ REPAIR ☐ EXPANSION ☐]		uired prior to Construction Authoriz	
Type of Structure:				
Proposed Wastewater System Type: 25% 1287000	To			300 08 00 00 00 00
Projected Daily Flow: GPD				
Number of bedrooms: Number of Occupants:	max			
Basement 🗆 Yes 🗆 No		4		
	based on final location and eleva-			
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	feet	Permit valid for:	Five years No expiration
~ ./	AST REAS			
Authorized State Agent:	haz Date:	2-2-1	6 SEE ATTA	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the site is subject to revocation if the site plan, plat, or the intended use changes, the Laws and Rules for Sewage Treatment and Disposal and to conditions of the	s. The Improvement Permit shall not be a	holder is responsible for chec	king with appropriate governing bodies in	meeting their requirements. This
	Construction Aut	thorization		
	(Required for Building			
The construction and installation requirements of Rules .1950, .1952, .1954, .1			nto this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: Conhected Homes Fo	DROPERTY	LOCATION: 50 M	37 Ballindan	
1330ED 10	CURDIVICIO	N Dolland	1) mil	LOT # 139
Facility Type:	✓ New □ Expansi	on Repair	20000	LOI # /5/
Basement? Yes No Basement Fixtures?		оп 🗀 керап		
			(Initial) Wastewater Flow: _	3600 cm
	2 395175	197917	(Initial) wastewater Flow: _	GPD GPD
(See note below, if applicable [])	Ta System	(D:-)		
Installation Domingments (Conditions	meter of small and	_(kepair)		
Installation Requirements/Conditions Nu	imber of trenches	700	7 16 9	F
Septic Tank Size 1000 gallons Exa	act length of each trench			Feet on Center
	enches shall be installed on co	1011 max		nches
	ximum Trench Depth of:		(Maximum soil cover shall no	
	rench bottoms shall be level to	+/-1/4"	36" above the trench botto	om)
	all directions)		/	
Pump Requirements:ft. TDH vs GP	PM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			/	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10		PTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN	N FIELD AREA.			
**If applicable: / understand the system type specified is di	different from the time energia	d on the application	I assent the annifortions of t	L':
in applicable. I understand the system type specified is the	inerent from the type specifie	и он тие аррисатон.	i accept the specifications of th	iis permit.
Owner/Legal Representative Signature.			Deter	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or	the intended use shanges. The Construe	ion Authorization shall not be	Date:	- Li (AL in Thi
Construction Authorization is subject to revocation in the site plan, plat, or	The state of the s			ATTACHED SITE SKETCH
· · · · · · · · · · · · · · · · · · ·	200			A Commence of the Commence of
Authorized State Agent:	1500	Date:	2-2-16	
	Construction Authori	zation Evniration No	2-2-16	

Harnett County Department of Public Health Site Sketch

			PROPERTY LOCATON	JR143	7 Ballon	el 12A		
ISSUED TO: _	Conheded	Hors	Inc SUBDIVISION _	Balla	- Woon	5	LOT # _	139
Authorized Sta	te Agent:	ZN	Andre	Z D Sux	Date:	2-2-16		

