HTE# <u>16-5-39319</u> Harn	ett County	Department	of Publ	ic Health	28988
Improvement Permit					
ISSUED TO: Confort Home NEW ☑ REPAIR □ EXPANSIO Type of Structure: Proposed Wastewater System Type: 25% 75% Projected Daily Flow: GPD	building permit can DC DN	not be issued with on <u>ly</u> PROPERTY LOCATION SUBDIVISION X	an Improvement - MA W	Permit DIDSF DDDS uired prior to Construction	Authorization Issuance:
Basement 🗆 Yes 🗗 No	ired based on final lo	cation and elevations o		Permit valid f	or: Five years No expiration
	11 ,	No non	5		
Authorized State Agent: The issuance of this permit by the Health Department in no way guaran site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	changes. The Improvement	r permits. The permit holder i		cking with appropriate governing b	
	Constr	uction Author	ization	in an	and and all the shakes
		uired for Building Per			
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout. ISSUED TO: Confort Homes IIA Facility Type: Homes IIA Basement? Yes IIA No Basement Fix Type of Wastewater System** 25% No (See note below, if applicable []) Installation Requirements/Conditions Septic Tank Size gallons Pump Tank Size gallons	L V New tures? □ Yes WLTTIN S SULTIN S Number of trend	PROPERTY LOCAT SUBDIVISION Expansion No France (Reparted)	TION: <u>SK/C</u> OKCONC Repair air)		<u>766 100</u> LOT # <u>37</u> :low: <u>36</u> 0 GPD
Pump Requirements:ft. TDH vs	(Trench bottoms in all directions) GPM	Depth of: <u>24-20</u> shall be level to +/-	/4"	(Maximum soil cover s 36" above the trenct	
WATER LINES (INCLUDING IRRIGATION) MUST E	BE 10FT. FROM AI	NY PART OF SEPTIC		EPAIR AREA.	
**If applicable: / understand the system type specified			the application.	I accept the specification	os of this permit.
Owner/Legal Representative Signature:	the second second second	1. TL C		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:	5 Mpr	Long ruction Authorization	Date:	8-24-1,	6 - 21
	001136				

HTE# 16 5-39319 Harnett County Department of Public Health Site Sketch PROPERTY LOCATON St. 1006 010 STAGE RAS ISSUED TO: Confort Homes INC SUBDIVISION OXFORD WOODS LOT # 39 Authorized State Agent: MANAM AW NOWS Date: 2-24-16 Contractor to meer ousers prionto INSTALL. Why for power D 15 G pue SIEEVE UNDER yi DREVE N

DXFORD WOODS DR.