HTE# <u>16-5-393</u> 20 Harn	ett County	Departm	ent of Pub	lic Health	2	28989	
Improvement Permit							
A ISSUED TO: Confort Acres I NEW D REPAIR EXPANSIO Type of Structure: EXPANSIO Proposed Wastewater System Type: 25 00 No Projected Daily Flow: 360 GPD	building permit can	not be issued with PROPERTY LOCAT	i only an Improvemen 10NSALOOL OXHORA	t Permit 2 0 MD 59 2 WDD 99 quired prior to Constr	5	LOT # 91	
Number of bedrooms: Basement Yes Number of Occup Basement Yes No May be required: Pump Required: Yes No May be required:	ired based on final I	_max ocation and elevat nce from well	ions of facilities feet	Permit	valid for:	Five years	
		9				No expiration	
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	hanges. The Improvement	Date: r permits. The permit Permit shall not be a	8-24-1 holder is responsible for ch ffected by a change in own	ecking with appropriate gov	verning bodies in m	CHED SITE SKETCH neeting their requirements. This ompliance with the provisions of	
	Constr	uction Aut	havization				
		uction Aut					
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout. ISSUED TO:	Image: Constraint of the second s	PROPERTY SUBDIVISIO Expansi No hes each trench installed on cor Depth of: shall be level to	LOCATION: N on Repair (Repair) Compared for the set of the s	IDDG IDDG IDD IDDG IDD IDD Initial Wastew Trench Spacing:	vater Flow: ZF Cover shall no trench bottor	$\frac{2}{260}$ LOT # <u>44</u> GPD Feet on Center ches t exceed	
Conditions:					12	inches total	
NATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	E 10FT. FROM AN RAIN FIELD AREA	NY PART OF SE	PTIC SYSTEM OR F	EPAIR AREA.			
**If applicable: / understand the system type specified Dwner/Legal Representative Signature:		he type specified	on the application.				
his Construction Authorization is subject to revocation if the site plan, pl	lat, or the intended use c	hanges. The Construction	on Authorization shall not b	e transferred when there is	a change in owne	ership of the site. This	
onstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for S	ewage Treatment and	Disposal and to the condition	ns of this permit.		TACHED SITE SKETCH	
Authorized State Agent:	5 Man	had	Date:	8-24-		and a second	
	Constr	uction Authoriz	ation Expiration D	ate 9:	The DI		

HTE# 16-5-39320	Permit #					
Harnett County Depar	tment of Public Health					
Site Sketch						
PROPERTY LOCA	ITON: 57 00 6 DID STACE 100 ON OXFORD WODDS LOT # _4/					
ISSUED TO: Confert Homes INC SUBDIVISION	ON OXFORD WOODS LOT # 41					
Authorized State Agent: Jane & Manhant	Date: 8-24-16					

