29264

HTE# 16-5-40189

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	7 /
PROPERTY LOCATION: 10 Spring Flowers Dr. (SR 1201	-)
ISSUED TO: COMBETTAND HOMES, INC SUBDIVISION Carolina Seasons LOT # 11	_
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: 432 SED	-
Proposed Wastewater System Type: Z5% Reduction System (Pump) Projected Daily Flow: 480 GPD	
Projected Daily Flow: 480 GPD Number of bedrooms: 4 Number of Occupants: 8 max	-
Basement \square Yes \square No	
Pump Required: No May be required based on final location and elevations of facilities	ž.
Permit conditions: Community Public Well Distance from well feet Permit valid for: Five years No expiration	
по скрпаноп	
REHS-±	-0
Authorized State Agent:: Date: 12 13 16 SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This	
site is subject to revocation if the site plan, plat, or the intended use changes. The macrovement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
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Construction Authorization	
Construction Authorization	
(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.	
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ISSUED TO: Comberland Homes, Inc. PROPERTY LOCATION: 10 Spring Flowers Dr. (SR 120	1 -
ISSUED TO: Comberland Homes, Inc. PROPERTY LOCATION: 10 Spring Flowers Dr. (SR 120 SUBDIVISION Caratina seasons LOT # 11	Ž.
Facility Type: 4BR SFD Wew Expansion Repair	el .
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** _ Z590 Reduction System (Pump) (Initial) Wastewater Flow: 480 GPD	
(see note below, if applicable) 25% Reduction Syskin (Repair)	
Installation Requirements/Conditions Number of trenches 3	
Septic Tank Size	
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Maximum Trench Depth of: 26-30 inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
in all directions)	
Pump Requirements:ft. TDH vs GPM inches below pipe	
Aggregate Depth:	ê
Conditions: inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
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**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:	
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: Date: 12/13/14	
Consequence Date: 12/13/20	
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Harnett County Department of Public Health Site Sketch

