29321

## HTE# 17-5-4066 Z Harnett County Department of Public Health

Improvement Permit

X 1	improvem	d middle and a median desired	. D	200
A	building permit cannot be issue	a with only an improvement	t rermit Chal	Thate springs (ce)
ISSUED TO: COMFORT HOMOS INC	PROPERIT	LUCATION: 430 CO	t Permit SS CIAK Dr. (Cha); K Pluc	310 /4/ G
NEW REPAIR EXPANSION	2011)	site improvements re	quired prior to Construction Auth	orization Issuance:
Type of Structure: 3BC SCD (77)	( 1/20			
Proposed Wastewater System Type: 25% Red.	27 2 kc (1)			
Projected Daily Flow: 360 GPD	/			
Number of bedrooms: Number of Occupa	ants: max			
Basement Yes No	11 1 6 11 2 1	1 2 77 202		1014910
Pump Required: Tes No May be requir			w	
Type of Water Supply: Community  Public	☐ Well Distance from well	I feet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
4 that were	100 W118 0	00/01/	7	TICUED CITE CUETCH
Authorized State Agent:		te: <u>03/01/1</u>		TTACHED 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 Improvement 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		or be affected by a change in own	terstip of the site. This permit is subject	to compliance with the provisions of
	Construction	Authorization		
	Construction	<u>Authorization</u>		
	The state of the s	Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .195	54, .1955, .1956, .1957, .1958. and .1	959 are incorporated by reference	s into this permit and shall be met. Syste	ms shall be installed in accordance
with the attached system layout.				Ser. (2)
ISSUED TO: Comfort Homes Jak.	PROP	ERTY LOCATION: 450	CROSS LINK Or. (C)	nulybeate forms of
1330LD TO. CONTROL THEMES THE	CIND	INICION /	Link Place	10T # G
200 (0 (37) 411	(1) 7080			LOI # _9
Facility Type: 3BR SFS (77 × 41) Wew Expansion Repair				
Basement?  Yes No Basement Fixtu				24
Type of Wastewater System**   Pump to	25% Reduct	Tibon System	(Initial) Wastewater Flow	r: <u>360</u> GPD
(See note below, if applicable $\square$ )				
Pump to Zs	10 Red. 375 km	(Repair)		
Installation Requirements/Conditions	Number of trenches3			
Septic Tank Size 1000 gallons	Exact length of each trench		Trench Spacing: 9	Faat on Cantar
Pump Tank Size gallons	Trenches shall be installed		Soil Cover: /Z	
runip falik size gallons				
	Maximum Trench Depth of:		(Maximum soil cover shal	
	(Trench bottoms shall be le	vel to +/-1/4"	36" above the trench be	ottom)
	in all directions)			ā.
Pump Requirements:ft. TDH vs	_ GPM		6	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			00 0 1	17 inches total
				inches total
WATER LINES (INICIAINA IRRIGATION) MILET R	- 10FT FROM 1NV BIRT	NE CERTIC CUCTELL OR	DEDAID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST B		JE SEPTIC SYSTEM OR	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	RAIN FIELD AREA.			
**!!!:!! /	:- d://			(4':'
**If applicable: I understand the system type specified	is airrerent from the type sp	ecified on the application	n. I accept the specifications of	t this permit.
Owner/Legal Representative Signature:				
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 Treatm	ent and Disposal and to the condi	tions of this permit. SE	E ATTACHED SITE SKETCH
2	7)			
Authorized State Agent: Olivaria (2007), Nette Date: 03/01/17				
Authorized State Agent: Date: 03/01/17  Construction Authorization Expiration Date: 03/01/22				
	Construction Au	thorization Expiration	Date: 03/01/22	

## Harnett County Department of Public Health Site Sketch

ISSUED TO: Comfort Homes, Inc. Subdivision Cross Link Dr. (Charybeate Springs and Subdivision Cross Link Dr. (Sn. 1441)

Authorized State Agent: Comfort Homes, Inc. Subdivision Cross Link Place LOT # 9

