HTE# 17-5-40664 Harnett County Department of Public Health 29320
Improvement Permit
A building permit cannot be issued with only an Improvement Permit permit of the lyberte Spring Red.)
PROPERTY LOCATION STY COME LIGK No 150 1441
ISSUED TO: CONFORT HOMES INC SUBDIVISION Cross Light Place LOT # 12
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: $387.5P5(69'\times 50')$
Proposed Wastewater System Type: 2.5% Red. 5754em
Projected Daily Flow: 360 GPD
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max
Basement Yes INO Pump Required: Yes INO May be required based on final location and elevations of facilities
Type of Water Supply D Promining D Line D Mill Discussion and certains of factories
Parmit conditione:
No expiration
n n
Authorized State Agent:: COMPARED AND Date: 03/01/14 SEE ATTACHED SITE SKETCH
In 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 holder is responsible for the second secon
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 this permit.
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.
ISSUED TO: <u>Comfort Homes FAC.</u> Facility Type: 300 ((a'x 50')) PROPERTY LOCATION: <u>SH4 Cross Link Dr. (Churdybeak Spring ad.)</u> SUBDIVISION <u>Cross Cink Pince</u> LOT # 12
SUBDIVISION Cross Cink Place LOT # 17
Facility Type: 3BA SED (CAX 30') E New Expansion Repair
Basement? 🗆 Yes 🛛 🖬 No 🛛 Basement Fixtures? 🗋 Yes 🔅 No
Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable [])
25% Reduction System (Repair)
Installation Requirements/Conditions Number of trenches 4
Septic Tank Size 1000 gallons Exact length of each trench 65 feet Trench Spacing: 9 Feet on Center

	Maximum Trench Depth of: $24$ inches (Trench bottoms shall be level to $+/-1/4$ " in all directions)	(Maximum soil cover shall not exceed 36" above the trench bottom)	
Pump Requirements:ft. TDH vs	GPM		inches below pipe
Conditions:		Aggregate Depth: _	inches above pipe

## 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.

**If applicable: I understand the system type specified is different from the type specified on the application	ation. I accept the specifications of this permit.
Owner/Legal Representative Signature:	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. SEE ATTACHED SITE SKETCH
Authorized State Agent: Da Construction Authorization Expiration	

