Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: MOILING MODEL (SP. 1413)
ISSUED TO Combedand Hones Inc. SUBDIVISION The RESERVE LOT # 3
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 432 (Gz'x 47') 5FB
Type of structure: 10/2 (GC x 4 +) 3 + 6
Proposed Wastewater System Type: 25% Neduction 575.
Projected Daily Flow: 480 GPD
Number of bedrooms: Y Number of Occupants: & max
Basement Ves No
Pump Required: ☐Yes ☐ No ☐ May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years No expiration
Addition to the state of the st
Authorized State Agent: Old 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 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 of this permit.
Canadamatian 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: CONTRACTOR HOUSE TOR DEPORT LOCATION OF 11 05 OF 1 CEO 11.2)
ISSUED TO: Comberland Homes, Inc. PROPERTY LOCATION: PROPERTY LOCATION
SUBDIVISION The reserve LOT # 3
Facility Type: 432(621x47) SFB New Expansion Repair
Basement? Yes Sasement Fixtures? Yes No
Type of Wastewater System** 25% Reduction 5 70 fcm (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable □)
25% Reduction System (Repair)
Installation Requirements/Conditions Number of trenches 3
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches
Maximum Trench Depth of: 28 inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm /-1/4$ " 36" above the trench bottom)
in all directions)
Pump Requirements:ft. TDH vs GPM inches below pipe
Aggregate Depth: inches above pipe
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.
PORTO OF ACTIONAL PROPERTY SERVICE AND ACTION OF ACTION
**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: 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: Date: 04/14/2617
Construction Authorization Expiration Date: 04/14/12/2
LONGTRUCTION AUTHORIZATION EVALUATION DIATO: 134/16/17/27

Harnett County Department of Public Health Site Sketch

