HTE#17-5-4742

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A building permit co	PROPERTY LOCATION: OLO STAGE RE	,
ISSUED TO: COMBOOK HOMES	SUBDIVISION OXFORD WOODS	LOT # 30
NEW 🔀 REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to	Construction Authorization Issuance:
Type of Structure: SED(77°36')	100 at 100 100 to 100 contemples years - 000 to 100 contemples 100 conte	
Proposed Wastewater System Type: 25% REQUELTED TO	156m	
Projected Daily Flow: GPD		
Number of bedrooms: 3 Number of Occupants: 6	max	
Basement □Yes 🛣 No		
Pump Required: ☐Yes ☐ No May be required based on fina		<u> </u>
Type of Water Supply: Community Public Well Dis	ance from well feet	Permit valid for: Five years
Permit conditions:		☐ No expiration
THE WAR		
Authorized State Agent::	Date: 8 3 17	SEE ATTACHED SITE SKETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of o		
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem		
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		
Cons	truction Authorization	
	Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19		and shall be met. Systems shall be installed in accordance
with the attached system layout.		
ISSUED TO: COMFOR HOMES	PROPERTY LOCATION: OLO STAC	e Ro
1220ED 10:	SUBDIVISION OXFORD WOODS	LOT # 36
Facility Type: BRO(77286) X New	2080IAIZION OXEGOS MOGOS	
Basement? ☐ Yes No Basement Fixtures? ☐ Yes	EX.NO	W
Type of Wastewater System** 25% DGDUCS10	1 2321GW (Initial)	Wastewater Flow: 360 GPD
(See note below, if applicable) 25%. RED SIS	· e	
	, , ,	
Installation Requirements/Conditions Number of tro	nches	9
Septic Tank Size 1000 gallons Exact length		icing: Feet on Center
	트 "(THEOLY IN PROPERTY TOTAL - CONTROL OF CONTROL OF CONTROL - CO	_C-J2 inches
	· · · · · · · · · · · · · · · · · · ·	m soil cover shall not exceed
(Trench bottom	ns shall be level to $\pm 1/4$ " 36" above	ove the trench bottom)
in all directio	is)	
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 ARE	Ά.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A		
**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:
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.		
	21 1)
Authorized State Agent: Date: 83 17		
Construction Authorization Expiration Date: 8/3/22		

HTE# 17-5-41742

Permit # 29689

Harnett County Department of Public Health Site Sketch

