HTE# 17-5-41794

# Harnett County Department of Public Health

29582

## Improvement Permit

A building permit cannot be issued w	ith only an Improvement Permit	5	n 1441
PROPERTY LOC	ATION: <u>515 Crees Ligk</u>	Dr. (Chilyb	ente springs Rd.
	Cross LINK PLACE	2	LOT # 45
NEW 🖃 REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to		
Type of Structure: 3BR (72.54361) 51=9			
Proposed Wastewater System Type: 25% reduction 525.			
Projected Daily Flow: <u>360</u> GPD			
Number of bedrooms: Number of Occupants: max			
Basement Yes No			
Pump Required: Tes INO Anter May be required based on final location and elev	vations of facilities		
Type of Water Supply:  Community  Public  Well Distance from well _		Permit valid for:	Five years
Permit conditions:			🗆 No expiration
		51 Ar ( )	
			0-000 - 000
Authorized State Agent. Date:	(21/20/2017	CEE ATTA	CUED CITE CVETCU

Authorized State Agent: <u>SEE ATTACHED SITE SKETCH</u> 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.

### **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: Confort Homes, In	PROPERTY LOCATION: 516 (	Crees Lige Dr. (Chary beak Springs Od)
	SUBDIVISION Cross Lin	IN PLACE LOT # 45
Facility Type: 3B12 (72.5'x 36') SFD	🔄 New 🗆 Expansion 🗆 Repair	
Basement? 🗌 Yes 🗌 No Basement Fixtu	ıres? 🗆 Yes 🛛 No	
Type of Wastewater System** Z5% Re	duction System	(Initial) Wastewater Flow:GO GPD
(See note below, if applicable 🗆)		
25%0 ned.	oction 5,5 tem (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench Go feet	Trench Spacing:9 Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: <u>18</u> 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: inches above pipe
Conditions:		1 Z 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.

**If applicable: I understand the system type specified is different from the type specified on the applicable	ication. 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 sh	nall 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	e conditions of this permit. SEE ATTACHED SITE SKETCH
0	Date:7/20/2017

