HTE# 18-5-43333 Harnett County Department of Public Health 29894
Improvement Permit
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 47 Clavendon Ct. (61d Stopend. N.) ISSUED TO: Confort Hones, Trc. NEW REPAIR EXPANSION SUBDIVISION Oxford woods 10T # 25 NEW REPAIR EXPANSION Structure: 3BD 76 × 39' SFT Proposed Wastewater System Type: 25% Nedwardon 35. Projected Daily Flow: 366 GPD Number of bedrooms: 3 Number of Occupants: 6 max
Basement Yes INO 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 Permit conditions: No expiration
Authorized State Agent:
Construction Authorization * 615 as 55 clarendon ct *
(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, Tre</u> SUBDIVISION <u>CxFord</u> Words LOT # 25
Facility Type: <u>362 76'×39' SFD</u> INew Expansion Repair
Basement? Ves No Basement Fixtures? Yes No
Type of Wastewater System**
(See note below, if applicable)
Installation Requirements/Conditions Number of trenches (Repair) Septic Tank Size gallons Number of trenches Feet on Center Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: inches (Trench bottoms shall be level to +/-1/4") Trench Spacing: Feet on Center Soil Cover: Soil Cover: Soil Cover shall not exceed Maximum Trench Depth of: Inches (Maximum soil cover shall not exceed Maximum in all directions) Inches 36" above the trench bottom)
Pump Requirements:
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: / 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.	SEE ATTACHED SITE SKETCH	
Authorized State Agent: Construction Authorization Expiration Date: Construction Authorization Expiration Date:	01/2018	

