HTE# 18-5-43469

Harnett County Department of Public Health

29920

Improvement Permit

	mprovement			
	A building permit cannot be issued with	only an Improvement		n 1006
	PROPERTY LOCATIO	IN: Ta Cla	aredon GE, (old)	Starsend. N)
ISSUED TO: Comfort Homes, I	FOC SUBDIVISION	Cread	woods	LOT # 29
NEW REPAIR EXPANS	SION LI S		quired prior to Construction Author	ization Issuance:
Type of Structure: 3BR 54'X 52.3	S' SETS		•	
Proposed Wastewater System Type: 3590 1.0	duction 525			
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occ	cupants: <u> </u>			
Basement Yes PNo	-			
Pump Required: Yes No May be real	quired based on final location and elevation	ns of facilities		
Type of Water Supply: Community Public	□ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				□ No expiration
	y			1
	2		1	
Authorized State Agent::	Cler NEH Date:	63/16/	2018 SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua	rantees the issuance of other permits. The permit ho	lder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condit	e changes. The Improvement Permit shall not be affe	cted by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of
are cars and notes for schage freatment and bisposal and to condit	ions of any permit.			
	<u> </u>			277 (PA)
	<u>Construction</u> Auth	orization		
	(Required for Building	Permit)		
The construction and installation requirements of Rules .1950, .1952,	.1954, .1955, .1956, .1957, .1958. and .1959 are in	corporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
		III III	c) (1)	salod
ISSUED TO: Comfort Homes,		DCATION: 4d	the file of the second second	-
- no culves d	SUBDIVISION		nd words	LOT # 29
Facility Type: 3BR 54 × 52.5' ST		ı 🗆 Repair		
Basement? 🗌 Yes 🖬 No 🛛 Basement Fi	xtures? 🗆 Yes 🗆 No			
Type of Wastewater System**	Reduction \$1.	stem	(Initial) Wastewater Flow: _	360 GPD
(See note below, if applicable 🗆)			(
	a 25% and 500 ((enair)		
Installation Requirements/Conditions	e 25% red. 55. (1 Number of trenches 1	(cpair)		
Septic Tank Size <u>1000</u> gallons			9	
· · · · · · · · · · · · · · · · · · ·	Exact length of each trench	2010-11-12 - 12/2 N		Feet on Center
Pump Tank Size gallons	Trenches shall be installed on cont		Soil Cover: <u>C</u> i	
	Maximum Trench Depth of:		(Maximum soil cover shall n	ot exceed
	(Trench bottoms shall be level to -	+/- /4"	36" above the trench botte	om)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM		NA	inches below pipe
 Or successful data and a successful blanched settings 			Aggregate Depth: $\begin{tabular}{c} \begin{tabular}{c} tabula$	inches above pipe
Conditions: System shall be in	stalled ticktula	SEN	nggregate Deptil.	ΔA inches total
Jacone Origine de Th	Sume One to	2172	<u> </u>	JAT INCHES LOLA
WATER LINES (INCLUDING IRRIGATION) MUST	BE TUFT. FROM ANY PART OF SEPT	IC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.			
*If applicable: / understand the system type specifie	d is different from the type specified	on the application	I account the energifications of	tie en en en it
	a is anterent nom the type specified	III THE ADDICATION.	I ACCEUT THE SPECIFICATIONS OF T	ns nermit

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:					

ANDREW CURRIN Construction Authorization Expiration Date: 03/14/2023

