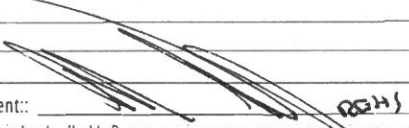


Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Angel Comas PROPERTY LOCATION: 103 Brumfield Rd
 SUBDIVISION _____ LOT # _____
 NEW REPAIR EXPANSION
 Site Improvements required prior to Construction Authorization Issuance: _____
 Type of Structure: SFD (48'x68')
 Proposed Wastewater System Type: 25% Reduction System
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes 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
 Permit conditions: _____

Authorized State Agent:  Date: 5/8/2019 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.

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: Angel Comas PROPERTY LOCATION: 103 Brumfield Rd
 SUBDIVISION _____ LOT # _____
 Facility Type: SFD (48'x68') New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable
25% Reduction System (Repair)

Installation Requirements/Conditions

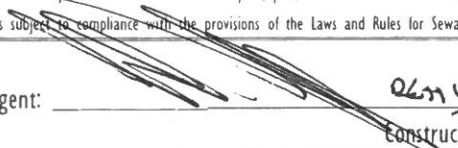
Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>200</u> feet	Soil Cover: <u>6-12</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>18-24</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4" in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe
		_____ 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.**

**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. SEE ATTACHED SITE SKETCH

Authorized State Agent:  Date: 5/8/2019
 Construction Authorization Expiration Date: 5/8/2024

HTE# SFD1904-0042

Permit # _____

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 103 BRUMFIELD RD

ISSUED TO: ANGEL COMAS SUBDIVISION _____ LOT # _____

Authorized State Agent: REMS (OLIVER TOURS DOORS) Date: 5/8/19

