Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A building permit can	PROPERTY LOCATION: 5483 COVERDED ROCAL (SR 1403)
	SUBDIVISION Matt Nomis LOT # 4
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 4-12draom 58'x57' SFO	
Proposed Wastewater System Type: 25% reduction 375.	_
Projected Daily Flow: 485 GPD Number of bedrooms: 4 Number of Occupants: 8	
Basement Mes Mo	_max
Pump Required: Mes No May be required based on final I	location and elevations of facilities
Type of Water Supply: Community Public Well Distan	
Permit conditions:	No expiration
12	
Authorized State Agent::	Date: 07/05/22/9 SEE ATTACHED SITE SKETCH
	er 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	t 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	
Consti	westion Authorization
	ruction Authorization
	equired for Building Permit)
with the attached system layout.	7. 1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Cum ketend Homes FAC.	PROPERTY LOCATION: 5483 Cokesbury Rd. (SR 1403) SUBDIVISION Matt works LOT # 4
Facility Type: 462 58'x57' 570 New	Expansion Repair
	□ No
Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** Poro to 25%	
(See note below, if applicable)	S / COOCHES / (IIIIIII) WASLEWATER Flow OFD
Puns to 25% re	disting (Renair)
Installation Requirements/Conditions Number of trenc	
Septic Tank Size 1600 gallons Exact length of	
·	be installed on contour at a Soil Cover: 8 inches
,	h Depth of:inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth:inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	
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
	// mail6
Authorized State Agent:	truction Authorization Expiration Date: 07/05/2024
ANDREW WARIN CONST	truction Authorization Expiration Date: 09/05/2024

HTE#	SFD1906-6027

Permit # _____ NA

Harnett County Department of Public Health Site Sketch

ICCUED TO Canala L		PROPERTY LOCATON:_	5483 C	chesbury.	rd. (snif	(3)
ISSUED TO: Combestand	Homes the.	SUBDIVISION	Mutt	comis	LOT #	+
Authorized State Agent:	Minu	Eine, 4	HS Date	: 07	105/2019	
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