Harnett County Department of Public Health

Improvement Permit A building permit cannot be issued with only an Improvement Permit

A building perint to	PROPERTY LOCATION: 342 CACHALED DZ. (NC 42 CO.)
ISSUED TO: COMBENCAND FromES	SUBDIVISION CARCHAUES LOT # 12
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 4-3-0720 55 x50 5-5	
Proposed Wastewater System Type: 25% 120-2260 5	· 5.
Projected Daily Flow: 480 GPD	
Number of bedrooms: Number of Occupants:	max
Basement Yes No	
Pump Required: May be required based on final	
Type of Water Supply: Community Public Well Dist	
Fernit Conditions.	No expiration
Authorized State Agent::	Date: 1//05/2020 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of ot	her 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 Improveme the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	nt Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the Land and notes for sewage meathern and obsposal and to conditions of this perinte.	
Const	ruction Authorization
	equired for Building Permit) 7. 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.	1. 1790. and 1797 are incorporated by references into this perinit and shall be first. Systems shall be installed in accordance
ISSUED TO: COMPRENE PROPERTY LOCATION: 342 DAKHAGES DR. (DC 42 W.) SUBDIVISION CAKHAGES DR. (DC 42 W.)	
Facility Type: 4 m 58 750 500 New	Expansion Repair
Basement? Yes Someon Fixtures? Yes	□ No
Type of Wastewater System** 25% 125%	
(See note below, if applicable)	(mila) Hasteriater from or
25% NESSEXION	5.5. (Renair)
Installation Requirements/Conditions Number of tren	, , , , , ,
	each trench
,	be installed on contour at a Soil Cover: 12 inches
. 5	h Depth of: 34 inches (Maximum soil cover shall not exceed
	s shall be level to +/-1/4" 36" above the trench bottom)
Pump Requirements:ft. TDH vsGPM	' ·
rump kequirementsit. 10H vsorn	Aggregate Depth: Aggregate Depth inches above pipe
Conditions	Meet above pipe
Conditions:	inches total
WATER LINES ANGLINDING IRRIGATIONAL MILET OF JOST FROM	ANY DADT OF CERTIC CUCTEM OR DEDAILS ARE
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI	:A.
**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.	
Authorized State Agent:	11/2/2 Date: 11/05/2020
A about	truction Authorization Expiration Date: 11/05/2025
ANDREW COMIN	discholi Astrolization Expiration vate.

Harnett County Department of Public Health Site Sketch

