Harnett County Department of Public Health

Improvement Permit

| A | building permit cannot be issued with only an Improvement Permit |
|--|--|
| | PROPERTY LOCATION: 520 JOSEPH ALEXANDER OR BALLAND R |
| ISSUED TO: COMBIENLAND HO | MES SUBDIVISION BRUME WOODS LOT # 122 |
| NEW REPAIR EXPANSIO | Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: 3-on 40'xca' 5= | > |
| Proposed Wastewater System Type: 2570 125 | UCTION 53. |
| Projected Daily Flow: 366 GPD | |
| Number of bedrooms: 3 Number of Occu | pants: 6 max |
| Basement Yes No | |
| The state of the s | ired based on final location and elevations of facilities |
| Type of Water Supply: Community Public | Well Distance from well leet Permit valid for: Five years |
| | □ No expiration |
| Permit conditions: | |
| | |
| Authorized State Agentic | Date: 04/18/2021 SEE ATTACHED SITE SKETCH |
| Authorized State Agent: | ntees 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 condition | |
| | |
| | Construction Authorization |
| | 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. | 92 N43 |
| | |
| ISSUED TO: COMBERLANDS A | PROPERTY LOCATION: 520 JOSEPH ALEXANDER DR. (BALLIE |
| | SUBDIVISION BACLAND WOODS LOT # 122 |
| Facility Type: 3-62 40'x68' 550 | New Expansion Repair |
| Basement? Yes No Basement Fix | tures? Yes No |
| | S reaction System (Initial) Wastewater Flow: 360 GPD |
| (See note below, if applicable) | |
| | OUCTOD PPBPS (Repair) |
| | |
| Installation Requirements/Conditions | Number of trenches 3 |
| Septic Tank Size 1000 gallons | Exact length of each trenchfeet |
| Pump Tank Sizegallons | Trenches shall be installed on contour at a Soil Cover: 12-36 inches |
| , | Maximum Trench Depth of: 24 > 18 inches (Maximum soil cover shall not exceed |
| | (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) |
| | in all directions) |
| D D : | |
| Pump Requirements:ft. TDH vs | GPM inches below pipe |
| | Aggregate Depth: inches above pipe |
| Conditions: Craw 17 TO D. | BOX EGAC DISTABUTION 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 | JKAIN FIELU AKEA. |
| **If applicable: / understand the system type specifie | d is different from the type specified on the application. I accept the specifications of this permit. |
| in appreciate 1 and the system type specime | 7, 10, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1 |
| O /I I D | Date: |
| Owner/Legal Representative Signature: | Date: |
| | 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: 04/15/2021 |
| Authorized state Agent. | 1. 9. |
| ANDRES COMO | Construction Authorization Expiration Date: 64/15/2026 |

Harnett County Department of Public Health Site Sketch

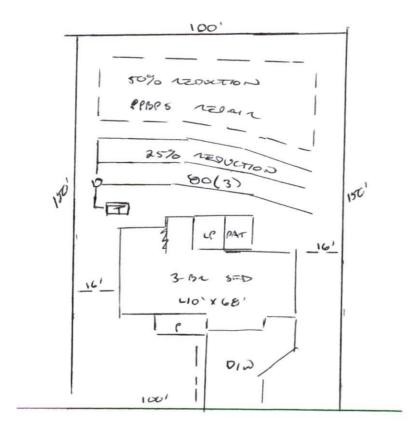
| Property Location: 520 José | EH ALEXAN | DA. (| BALLARS 2040 - | 52 14 | 37) | |
|-----------------------------|-----------|-----------------|----------------|-------|----------|----|
| Issued To: COMPERLAND | HOMES | _ Subdivision _ | BALLARD WOO | DS. | Lot #/ | 22 |
| Authorized State Agent: | | | COMIN | Date: | 04/15/20 | 4 |

*6MONTY TO DIBOX EGUAL DISTRIBUTION

* INSTALL DEED (2412) TO SHALLOW (18IN)

* INSTALL AS HIGH UPHILL AS CONTOUR ALLOWS

* NEURO CHSITE PRE-INSTALL



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.