HTE# 07-500-17125R Harnett County Department of Public Health 24658 Improvement Permit

			IQN: 10 1213			
ISSUED TO: Cumberland F	tomes		Persion		LOT # C	
NEW⊅ REPAIR □ EXPANS	ION 🗆			quired prior to Construction		
Type of Structure: SFD - 5 + x 35 - 3						
Proposed Wastewater System Type: Func to 2	57- Med-cf	(<u>.</u>)				
Projected Daily Flow: 360 GPD	373 (%	= /			,	
	upants:	max				
Basement □Yes ☑ No Pump Required: ☑Yes □ No □ May be req	unimad based on Coul		- C C - CE			
Type of Water Supply: Community X Public	puired based on final			Dameila velid	<i>t</i>	
Permit conditions: Mect on the for	Final L	Aunt	maintai	Permit valid on all sct Bac	for: X Five years No expiration	
Must Bring In 8to 12	- 1 Appro	oved Col	res =			
Authorized State Agent:)3- 100 0 0		SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no w	ray guarantees the issua	nce of other permits	The permit holder is re-	sponsible for checking with ap	propriate governing bodies in mee	ting
their requirements. This site is subject to revocation if the site permit is subject to compliance with the provisions of the Law	: plan, plat, or the inter is and Rules for Sewage	nded use changes. Th Treatment and Dispo	e Improvement Permit sh sal and to conditions of	nall not be affected by a chan this permit.	ge in ownership of the site. This	
	<u>Const</u> ı	ruction Aut	<u>horization</u>			
		<u>quired for Buildir</u>				
The construction and installation requirements of Rules .1950,	.1952, .1954, .1955, .1	956, .1957, .1958. a	nd .1959 are incorporate	ad by references into this perm	nit and shall be met. Systems shall	be
installed in accordance with the attached system layout.	,	DDADEDTV	LOCATION: 1210	•		
ISSUED TO: Lumberland Ho	1 mes	CHRONICIO	1 Deczino	- L-f \ \	107 # /	
Facility Type: SFO-S4x75 - 3BA	New			12/ 11:11	LOT #(_	
• • •	xtures? Yes	□ Expansi No	on 🗆 Repair			
Type of Wastewater System** Compare Compa	xtures: Lines	(Initial)	Wastewater Flaur	'2 i		
(See note below, if applicable (See note below, if applicable (See note below)	1. 1ag. 34s.	_(mitiai)	Wastewater Flow:	<u> とりと</u> GPD		
25 /2 001.	utur Syst	· ^	(Repair)			
Installation Requirements/Conditions	-crox 321)	30	(nepair)			
The arrangement of the contractions						
Septic Tank Size 1000 gallons	Fyact length of	each trench 13	ろうう feet	Trench Spacing:	Feet on Center	
Pump Tank Size 1000 gallons	•	e installed on co	•	Soil Cover:	inches	
Sanons		Depth of:		(Maximum soil cover		
		shall be level to		•		
	in all directions)		' /-1/7	36" above the trend	in bottom)	
Pump Requirements:ft. TDH vs					inchee heless n	:
tump requirements.	0/11			Angroseta Danthi	inches below p	ipe
Conditions:				Aggregate Depth:	inches above p	
					anches to	Jlai
**If applicable: I understand the system t	ype specified is diffe	erent from the ty	pe specified on the	application. I accept the	specifications of this permit.	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the signature.				Date:		
This Construction Authorization is subject to revocation if the si	te plan, plat, or the int	ended use changes.	he Construction Authoriz	ation shall not be transferred	when there is a change in owners	hip
of the site. This Construction Authorization is subject to complia	ince with the provisions	of the Laws and Ru	es for Sewage Treatment	t and Disposal and to the cond	ditions of this permit.	
Australia de Caracida de La Caracida de La Caracida de La Caracida de Caracida	A 1	1	_	N 26 00	EE ATTACHED SITE SKETCH	
Authorized State Agent:			Date: _	03-06-09 ate: 03-06-	2	
/	Const	ruction Authoriz	ation Expiration Da	ate: <u>()3 - 86</u>	2013_	

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Harnett County Department of Public Health Site Sketch

