## HTE# 08-500-1962 Harnett County Department of Public Health 24671

**Improvement Permit** 

		PROPERTY LOCA	TION: 1213	rermit	
ISSUED TO: Cumberland	Hones	SUBDIVISION	Persimme.	~ H.II	LOT # 64
NEW REPAIR □	EXPANSION			uired prior to Construction Auth	
Type of Structure: SFD- S2x43	-43r	····			
Proposed Wastewater System Type: 2572	Reduction Sy	<u>11-</u> 2			
Projected Daily Flow: GPI	י				
	r of Occupants: _\$	max		,	
Basement □Yes ⋈ No					
	y be required based on f				
Type of Water Supply:   Community	Public 🗀 Well	Distance from well	50 feet	Permit valid for:	Five years
Permit conditions: STUB Out 6 Where shown Meet o	muping .	smallow,	At graynel	Icvel or high	≥ □ No expiration
where shown inter o	WILL - IN	AINTAIN	BILLITY DAY	<u> </u>	
Authorized State Agent::  The issuance of this permit by the Health Department their requirements. This site is subject to revocation is permit is subject to compliance with the provisions of	t in no way guarantees the if the site plan, plat, or the	issuance of other permit intended use changes. T	he Improvement Permit sh	sponsible for checking with appropr nall not be affected by a change in	ATTACHED SITE SKETCH riate governing bodies in meeting ownership of the site. This
		nstruction Au		•	
		(Required for Buildi			
The construction and installation requirements of Rule installed in accordance with the attached system layor ISSUED TO:  Facility Type:  SED 52× 43 -  Basement?  Yes  No  Baser Type of Wastewater System**  (See note below, if applicable)	ul. /10 Me,  YOR   Ment Fixtures?   Yel. Kelneten Sy 1.	PROPERTY SUBDIVISION SUBDIVISI		on H.11	•
Installation Requirements/Conditions					
Septic Tank Size (COC) gallons Pump Tank Size gallons	Trenches sha Maximum Tr (Trench bott in all directi	all be installed on co rench Depth of: toms shall be level to	8 inches	Trench Spacing:	_ inches Il not exceed
Pump Requirements:ft. TDH vs	GPM				inches below pipe
Conditions:				Aggregate Depth:	inches above pipe inches total
**If applicable: / understand the s	ystem type specified is	different from the t	ype specified on the .	application. I accept the spec	cifications of this permit.
Owner/Legal Representative Signature:			·····	Date:	
Owner/Legal Representative Signature:	if the site plan, plat, or th	he intended use changes.	The Construction Authoriza	ation shall not be transferred when	there is a change in ownership
it the site. This construction Authorization is subject to	o compliance with the provi	isions of the Laws and R	ules for Sewage Treatment	and Disposal and to the condition	s of this permit.
	1 201			SEE A	NTTACHED SITE SKETCH
Authorized State Agent:	WY-		Date: _	US-20-08	<del></del>
	C	onstruction Authori	zation Expiration Da	03-20-08 ate: 03-20-20	12

HTE# 08-500-19627

Permit # <u>84671</u>

## Harnett County Department of Public Health Site Sketch

