HTE#<u>08-500-205</u>56

Harnett County Department of Public Health

24984

Improvement Permit

A politically permit cannot be issued w	CATION: 57 1 L
ISSUED TO: Cumber Ind Hanci SUBDIVISION	
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SED - 54 x 39- 3BA	site improvements required prior to construction Authorization issuance.
Proposed Wastewater System Type: 25% Ped-fin Syl.	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement 🗆 Yes No	
Pump Required: ☐Yes ☐ No ☑ May be required based on final location and ele	vations of facilities
Type of Water Supply: Community Public Well Distance from well 150 feet Permit valid for: Five years	
Permit conditions: Mect on site for Final Layout - maintain All No expiration	
Set SACKI - STUB Out Olymbing 5KA	low at ground level or higher
Where Showing	' U
Authorized State Agent:: Date:	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permits is relieved to the permits of the permi	nit 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	e affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
and to conditions of this period.	
C44	41
Construction A	<u>utnorization</u>
(Required for Buil	
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.	
ISSUED TO: (UMber and Home, PROPER)	TY LOCATION: SR VVV
SUBDIVIS	A
- W - CX IN EQUIPS 000	
	nsion 🗆 Repair
	0/00
Type of Wastewater System**	CPD (Initial) Wastewater Flow: 369
(See note below, if applicable ()	
March Block	(Repair)
Installation Requirements/Conditions Number of trenches	<u> </u>
Septic Tank Size 1000 gallons Exact length of each trench	feet Trench Spacing: Feet on Center
Pump Tank Size gallons	contour at a Soil Cover: inches
Maximum Trench Depth of: 🔟	$\cancel{x} \cdot \cancel{a} \cdot \cancel{y}$ inches (Maximum soil cover shall not exceed
(Trench bottoms shall be level	•
in all directions)	22010 1101 2010111
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	
	inches total
**!!	
**If applicable: I understand the system type specified is different from the type specified	ted on the application. I accept the specifications of this permit.
0 0 10 0	
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Constr	uction 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 a	nd Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
A 40	
Authorized State Agent:	Date: <u>0</u> 7 - 0 7 - 0 Y
Authorized State Agent: Date: 07-09-09 Construction Authorization Expiration Date: 01-09-2017	
Constitution Author	reactor Expiration value. U 1 - U 1 - QU 1 -

Harnett County Department of Public Health Site Sketch

