HTE# 09-5-22086

## Harnett County Department of Public Health

25282

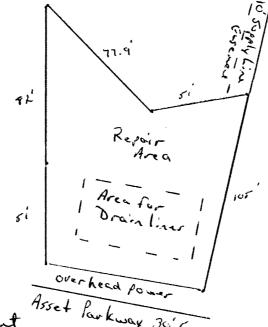
**Improvement Permit** 

A	building permit cannot be issued with		nit	
150150 TO C 1 1 1 1 1	PROPERTY LOCA			
ISSUED TO: Comberland Honer	_	Laurel Valle		LOT # <u></u> 56
NEW S REPAIR EXPANSION  Type of Structure: SFO	)N 🛄	Site Improvements required	prior to Construction Authori	zation Issuance:
Proposed Wastewater System Type: Pump to				
Projected Daily Flow: GPD GPD	. c. v cury, care			
	pants:6max		******	
Basement Yes PNo	JanusInax			
	ired based on final location and eleva	ations of facilities		
Type of Water Supply:  Community Public	☐ Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:			remit rang lot.	☐ No expiration
				and expiration
-		1=1		
Authorized State Agent::	<b>~,C</b> J. Date: _	6/30/2009	SEE ATT/	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit	holder is responsible for checking w	rith appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit.	affected by a change in ownership of	I the site. This permit is subject to c	compliance with the provisions of
	Construction Au	thorization		
The construction and installation requirements of Rules 1950 1953 is	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	7, 1733, 1730, 1737, 1730. and 1739 an	e incorporated by references into thi	is permit and shall be met. Systems	shall be installed in accordance
150050 20 ( ) 1 1 1 1		4. Sant		
ISSUED TO: Cumberland Homer	PROPERTY	LOCATION: 27		
5 C N			lley	LOT # <u>56</u>
Facility Type: SFD		ion 🗆 Repair		
Basement?  Yes No Basement Fix	tures? 🗆 Yes 🔑 No			
	to conventional	(	Initial) Wastewater Flow: _	GPD GPD
(See note below, if applicable □)	1			
	s conventional	_(Repair)		
Installation Requirements/Conditions	Number of trenches 4		_	
Septic Tank Size /000 gallons	Exact length of each trench	60 feet Tren	nch Spacing:	Feet on Center
Pump Tank Size / OOO gallons	Trenches shall be installed on co	ontour at a Soil		nches
	Maximum Trench Depth of:	9.1	1aximum soil cover shall no	ot exceed
	(Trench bottoms shall be level to	,	36" above the trench botto	
	in all directions)		_	,
Pump Requirements:ft. TDH vs	_ GPM		(	inches below pipe
~ · · · · · · · · · · · ·	4	Aggi	regate Depth:	inches above pipe
Conditions: Drainfeld to be ins	talled in earence	f for let 56	//	inches total
Rondrain liner on contour	•			menes total
**If applicable: I understand the system type specified	is different from the type specifie	d on the application 1 acc	ent the specifications of th	ic parmit
7, 7, 7		a on the application. Tace	ept the specifications of the	is periiit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construct	ion Authorization shall not be transfe	erred when there is a change in own	parchin 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 the	ais permit. SFF A	TTACHED SITE SKETCH
		The state of the constitution of the	J.L.A.	TINCHED SHE SKEICH
Authorized State Agent:	· RS	Date: 6	120 /200 C	
number state right.	(		( 20 /2-10/	<del>~~~~</del>
	Construction Authorize	zation Expiration Date: _	<u> 613012014</u>	

HTE# ()	9.5	220	7	
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## Harnett County Department of Public Health Site Sketch

C + 1 + 1	PROPERTY LOCATON: 27	
ISSUED TO: Comberland Honer	subdivision Lowel Valley	LOT # 5 6
Authorized State Agent: Lun Minic.	S. Date: 4/30/2009	



\* Sec Attachment for map of Supply Line earenest

