

HTE# 09-522162

Harnett County Department of Public Health

25557

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CUMBERLAND HOMES PROPERTY LOCATION: NC27 WEST
 SUBDIVISION LAUREL VALLEY LOT # 68
 NEW REPAIR EXPANSION
 Type of Structure: SFO (50'x37')
 Proposed Wastewater System Type: Pump To 25% REDUCTION
 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 elevations of facilities
 Type of Water Supply: Community Public Well Distance from well 100 feet
 Permit conditions: _____ Permit valid for: Five years
 No expiration

Authorized State Agent: [Signature] RS Date: 7/9/09 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees 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 conditions of this permit.

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.

ISSUED TO: CUMBERLAND HOMES PROPERTY LOCATION: NC27 WEST
 SUBDIVISION LAUREL VALLEY LOT # 68
 Facility Type: SFD (50'x37') New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Pump To 25% REDUCTION (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable Pump To 25% REDUCTION (Repair))

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size 1000 gallons
 Number of trenches 1
 Exact length of each trench 300 feet
 Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 12 inches
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Soil Cover: 6 inches
 (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 Conditions: MINIMUM OF 6" OF COVER REQUIRED OVER DRAINFIELD _____ inches total

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, 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: [Signature] RS Date: 7/9/09
 Construction Authorization Expiration Date: 7/9/14

**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner:

Applicant:

Address:

Date Evaluated: 7/7/09

Proposed Facility: 3 Bedroom Home Design Flow (.1949): 360 gpd

Property Size:

Location of Site:

Property Recorded:

Water Supply: Public Individual Well Spring Other
 Evaluation Method: Auger Boring Pit Cut
 Type of Wastewater: Sewage Industrial Process Mixed

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Saprot Class	.1944 Restr Horiz	
1	LS 8-12%	0-21"	GS	VER NS/MP					PS .5
		21-48"	SBK SCL	FR SS/MP					
2		0-10"	GS	VER NS/MP					PS .4
		10-30"	SBK SCL	FR SS/SP					
3		0-16"	GS	VER NS/MP					PS .4
		16-36"	SBK SCL	FR SS/SP					
4		0-16"	GS	VER NS/MP					PS .4
		16-28"	SBK SCL	FR SS/SP					
5		0-14"	GS	VER NS/MP					PS .3
		14-25"	SBK SCL	FR SP					
6		0-12"	GS	VER NS/MP					PS .35
		12-28"	SBK SCL	FR SS/SP					
		28-44"	PM						

Description	Initial System	Repair System
Available Space (.1945)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
System Type(s)	40 m ² 25% R60	0 m ² 25% R60
LTAR	.3	.3

Other Factors (.1946):
 Site Classification (.1948): PS
 Evaluated By: JK
 Others Present:
 DRAINFIELD AREA MUST BE
 CHECKED BEFORE INSTALLATION
 SO ALL CORNERS ARE FOR
 FINAL LAYOUT