HIE# 09-2-39640

Harnett County Department of Public Health

25594

Improvement Permit

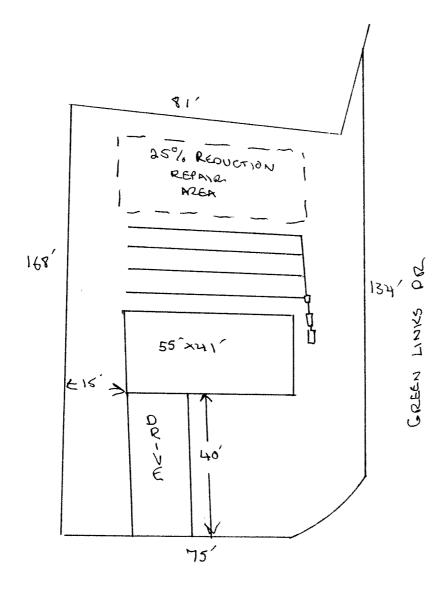
***	PROPERTY LOC	CATION: PONDER	OSA RO	
ISSUED TO: Cumberrano Homes	SUBDIVISION	CAROLINA	SERSONS	LOT # &
NEW MEPAIR ロー・EXPANSION ロ Type of Structure: SEO くちら スペン		Site Improvements re	equired prior to Construction Aut	horization Issuance:
Proposed Wastewater System Type: Pume To Convention	•			
Projected Daily Flow: 360 GPD	INL			
Number of bedrooms: 3 Number of Occupants: 6				
Basement Tyes No	max			
· .	1 legetien 1 - 1			
Pump Required: Yes No May be required based on final Type of Water Supply: Community Public Well Dist:	l location and elev	vations of facilities	5	
Permit conditions:	.ance nom wen _	feet feet	Permit valid for:	Five years
				☐ No expiration
Authorized State Agent::	Date:	10/46/8	SEF A	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees. The issuance of other site is subject to revocation if the site plan plat or the intended use changes. The inspection	ther permits. The narm	it holder is responsible for a	and the state of t	A CONTRACTOR OF THE CONTRACTOR
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	nt Permit shall not be	affected by a change in owr	nership of the site. This permit is subject	to compliance with the provisions of
and to conditions of this perime.				
Ca4		-41		
<u>Const</u>	<u>ruction Al</u>	<u>ıthorization</u>		
(Re	equired for Build	ling Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	7, .1958. and .1959 a	are incorporated by references	into this permit and shall be met. Syste	ms shall be installed in accordance
ISSUED TO: CUMBERLAND HOMES	PROPERT	Y LOCATION: Por	NDEROSA RO A SEASONS	
	SUBDIVISI	ON CAROLIN	a Seasons	LOT # 6
Facility Type: SFO(55×41) X New	☐ Expan	sion Repair	, , , , , , , , , , , , , , , , , , , ,	101 #
• • — · · · · · · · · · · · · · · · · ·	⊠ No	oron nepan		
Type of Wastewater System** Pume To ConvENT	1000		(Initial) Wastewater Flanc	. 3/6
(See note below, if applicable [1])			(Initial) Wastewater Flow	: <u>\$60</u> GPD
Pume To 25% Reau	1000	(Panair)		
Installation Requirements/Conditions Number of trend	chas H	_(nepan)		
	each trench	60 feet	Transl. Constitution	r
	each treffer be installed on c		Trench Spacing:	
· · · · · · · · · · · · · · · · · · ·		1. 7.	Soil Cover: 12-24	inches
	h Depth of: 🕒		(Maximum soil cover shall	
	shall be level t	0 +/-1/4"	36" above the trench bo	ttom)
in all directions) Pump Requirements:ft. TDH vs GPM)		_	
Pump Requirements:ft. TDH vs GPM				inches below pipe
Conditions: LE Panaca Fall T Days C. T.	ς. ρ.		Aggregate Depth:	inches above pipe
Conditions: 1= PROPER FALL TO DRAINFIELD MAY NOT BE NEEDED.	CAU DE	MAINTAINE	O Yuraf	inches total
THA LOOP OF WEEDED.				
held I had a second				
**If applicable: I understand the system type specified is different from .	the type specifie	ed on the application.	I accept the specifications of	this permit.
			,	,
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the size plan, plat, or the intended use	changes. The Construc	tion Authorization shall not be	e transferred when there is a change in a	ownership of the site. This
construction Authorization is subject to compliance with the precisions of the Laws and Rules for !	Sewage Treatment and	Disposal and to the conditio		ATTACHED SITE SKETCH
Alled All				
Authorized State Agent: 25		Date:	8/24/04	THE PARTY AND TH
Consti	ruction Authori	zation Expiration Da		
	2 - 20.01. Hatifold	Expiration Da	iii. [+ 1 1 7	l l

HTE#	091-	5-22640

Permit # 25694

Harnett County Department of Public Health Site Sketch

<u> </u>	PROPERTY LOCATON: PONOGROSA RO	
ISSUED TO: Cumerazano Ho	MES SUBDIVISION CAROLINA SEASONS	LOT # So
Authorized State Agent:	estolines Tolksoons) Date: 8/24/09	
	,)	



SPRING FLOWERS DR