HTE# 09 -5-3064)

## Harnett County Department of Public Health

25595

Improvement Permit

	A building permit cannot	be issued wit	h only an Improveme	ent Permit		
	PR	ROPERTY LOCA	TION: RONDER	2019 RD		
ISSUED TO: CUMBERIAND HOM		UBDIVISION _	CAROLINA	SEASONS		LOT # 73
NEW   REPAIR □ EXPANS	SION 🗆		Site Improvements	required prior to Const	ruction Authoriz:	ntion Issuance:
Type of Structure: 3FO(547×45)						
Proposed Wastewater System Type: Convent	IONAL					
Projected Daily Flow: 36 GPD  Number of bedrooms: 3 Number of Occ	_					
	cupants: <u>6</u> ma	ìΧ				
Basement  Yes  No						
Pump Required: ☐Yes ☒No ☐ May be red Type of Water Supply: ☐ Community ☒ Public	quired based on final locat					<b>\</b> /
Permit conditions:	□ Well Distance	from well	<u>60</u> feet	Permi	t valid for:	K Five years
result conditions.						☐ No expiration
Authorized State Agent::	<u> </u>	Date:	8/24/09			
The issuance of this permit by the Health Department in no way gua		Date:	halder it responsible for	chacking with a annualist and	_ SEE ATTAC	HED SITE SKETCH
site is subject to revocation is the site plan, plat, or the intended use	e changes. The Improvement Pern	mit shall not be a	ffected by a change in ov	cnecking with appropriate go vnership of the site. This per	verning bodies in mi	eeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condit	ions of this permit.		, 6	per	me is subject to to	inputative with the provisions of
	***************************************					
	Construc	tion Aut	horization			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout	1954 1955 1954 1957 195	<u>ed for Buildir</u> 58 and 1959 are	incorporated by exforma-	and the artists of the state of		
with the attached system layout.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30. and .1737 are	mcorporated by reference	es into this permit and shall	be met. Systems sh	all be installed in accordance
ICHED TO CALORED LA DATE				0		
ISSUED TO: CUMBERLAND HOME	5	PROPERTY	LOCATION: You	NO EROSA RO		
550		SUBDIVISIO	N CAROLIN	A SEASONS		LOT # <u>73</u>
Facility Type: 5FD(54'X45')		□ Expansi	on 🗌 Repair			
Basement?  Yes  No Basement Fi	xtures? 🗆 Yes 🔀	KNo .	ľ			
Type of Wastewater System**	TIONAL			(Initial) Waster	water Flow	360 GPD
(See note below, if applicable □)				() (		UD
CONVENT	510NRZ		(Repair)			
Installation Requirements/Conditions	Number of trenches		-(···• <b>F··</b> ···)			
Septic Tank Size 1000 gallons	Exact length of each		feet	Trench Spacing: _	9,	
Pump Tank Size gallons	Trenches shall be ins			rench spacing		eet on Center
8	Maximum Trench Dep			Soil Cover: 12		
	•			,		
	(Trench bottoms shal	ll be level to	+/-1/4"	36" above the	trench bottom	)
Dump Banding and	in all directions)				,	
Pump Requirements:ft. TDH vs	GPM					inches below pipe inches above pipe
				Aggregate Depth:		inches above pipe
Conditions:					12	inches total
**If applicable: / understand the system type specified	d is different from the i	tyne snecified	on the annication	1 1 accent the specif	Gratians of this	
7, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	· is winesent from the t	iype specimed	on the application	i. i accept the specif	ications of this	permit.
Owner/Legal Representative Signature:						
	alat as the investment of	TI C		Date:		
This Construction Authorization is subject to revocation if the site plan,	prat, or the intended use change	es. The Construction	on Authorization shall not	be transferred when there is		
Construction Authorization is subject to compliance with the programs of	THE TAMP AND KINES IOF DEWAGE	e ireatment and l	disposal and to the condition	nons of this permit.	SEE ATT	ACHED SITE SKETCH
				-1 >		
Authorized State Agent:	53 1111		Date:	8/24/09		
	Constructi	on Authoriza	ation Expiration [	)ate: 8/24/12	<del></del>	<del></del>
					<del></del>	<del></del>

HTE#	09	-5	-35	64	1

Permit # <u>25595</u>

## Harnett County Department of Public Health Site Sketch

