HTE# 09-5-32923

Harnett County Department of Public Health

25688

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

| | MIRE BRANCH LOT # 44 | |
|--|--|--|
| NEW REPAIR □ EXPANSION □ | | |
| NEW A REPAIR L EXPANSION L Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SEOLULY メムリ | | |
| Proposed Wastewater System Type: 25% REDUCTION SYSTEM | | |
| Projected Daily Flow: 360 GPD | | |
| Number of badrana 3 | | |
| Basement Yes No | | |
| | of the Transfer of the Transfe | |
| Pump Required: Yes No May be required based on final location and elevative of Water Supply: Community Public Mell Distance from well 1 Permit conditions: | Five years Solution Permit valid for: Five years No expiration | |
| · · · · · · · · · · · · · · · · · · · | Li no expiration | |
| | | |
| Authorized State Agent:: REHS Date: | SEE ATTACHED SITE SKETCH | |
| The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit | t holder is responsible for checking with appropriate governing hodies 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 | affected by a change in ownership of the site. This permit is subject to compliance with the provisions of | |
| Construction Au | thorization | |
| (Required for Build | ling Permit) | |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 at with the attached system layout. | re incorporated by references into this permit and shall be met. Systems shall be installed in accordance | |
| ISSUED TO: CUMBERLAND HOMES INC PROPERTY | | |
| Facility Type: 5FOCHHIZCH New Expansion | ON MIRE BRANCH LOT # 44 | |
| | sion 🗌 Repair | |
| Basement? Yes No Basement Fixtures? Yes No | | |
| Type of Wastewater System** 25% REOUCTION SYSTEM | (Initial) Wastewater Flow: 340 GPD | |
| (See note below, if applicable | | |
| 25% REDUCTION STETEM | (Repair) | |
| Installation Requirements/Conditions Number of trenches \(\) | _(11.7411.) | |
| Septic Tank Size 1000 gallons Exact length of each trench | | |
| | 10 | |
| Pump Tank Size gallons Trenches shall be installed on co | - 1 | |
| Maximum Trench Depth of: | , | |
| (Trench bottoms shall be level t | to +/-1/4" 36" above the trench bottom) | |
| in all directions) | , | |
| Pump Requirements:ft. TDH vs GPM | inches below pipe | |
| | Aggregate Donth: inches about pine | |
| Conditions: WATER LINE MUST BE 10 FROM SEPTIC SYSTEM. | No ATILITIES MAY | |
| ENCROACH ON INITIAL OR REPAIR AREA- | inches total | |
| | | |
| **** | | |
| **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: | |
| This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construc | ction Authorization shall not be transferred when there is a change in ownership of the site. This | |
| Construction Authorization is subject to compliance with the provided of the Laws and Rules for Sewage Treatment and | d Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH | |
| | | |
| Authorized State Agent: | Date: 10 1 09 | |
| | | |
| Construction Authori | ization Expiration Date: 10114 | |

| $m_{L}\pi$ \bigcirc \rightarrow \sim \sim \sim \sim \sim | HTE# | 09-5-22923 | |
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Permit # <u>25688</u>

Harnett County Department of Public Health Site Sketch

| PROPERTY LOCATON: NCZTW | |
|---|---------------------|
| ISSUED TO: CUMBERLAND HOMES INC SUBDIVISION MIRE BRANCH | _ LOT # <u>- 44</u> |
| Authorized State Agent: Date: 10/1/09 | |
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