. Like an

HT	E	#	09	-5-	233	20	

Harnett County Department of Public Health

25853

Improvement Permit

A building permit cannot be issued with	1 only an Improveme	ent Permit					
PROPERTY LOCAL	TION: PONDE	ROSA RO					
ISSUED TO: CUMPERLAND HOMES INC SUBDIVISION	CAROLIND	SEASONS	LOT # 100				
		required prior to Construction Auth					
Type of Structure: 25% REQUESTION SYSTEM	r	1	onzation issuance.				
Proposed Wastewater System Type: SED(66'242)		,					
Projected Daily Flow: 480 GPD							
Number of bedrooms: <u> </u>	· · · · · · · · · · · · · · · · · · ·		·····				
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	LOO feet	Permit valid for:	Five years				
Parmit conditions:							
			No expiration				
	. 1						
Authorized State Agent: MIN REHS Date:	1810	SEE A'	TTACHED SITE SKETCH				
the issuance of this permit by the Health Department in no way guarantees the issuance of the permit holder is responsible for cherking with appropriate governing bedge in meeting their appropriate governing bedge in the second s							
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	INC PROPERTY LOCATION: PON	IDEROSA RD	
	SUBDIVISION CAOOZIA	NA SEASONS	LOT # 100
Facility Type: 5FD (66'×47)	🔄 💢 New 🔲 Expansion 🗌 Repair		
Basement? 🗌 Yes 🛛 🛛 No 🛛 Basement Fixt	ures? 🗆 Yes 🛛 🕂 No		
Type of Wastewater System** 25% Res	JUCTION SYSTEM	(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable 🗔)		() /	
25% RE	EDUCTION SYSTEM (Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench _ 구거〇 feet	Trench Spacing: I	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6-12 in	
	Maximum Trench Depth of: 18-24 inches	(Maximum soil cover shall no	
		36" above the trench botto	
	in all directions)	be above the trench botton	",
Pump Requirements:ft. TDH vs			inches below pipe
Conditions: WATER LINE MUST BI	E 10' FROM SEPTIC SYSTEM	Aggregate Depth:	

**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	t 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 condi-	itions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Date: Date:	1/8/10 Date: 1/8/15				

