HTE# 09-5-7339 2

## Harnett County Department of Public Health

25799

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

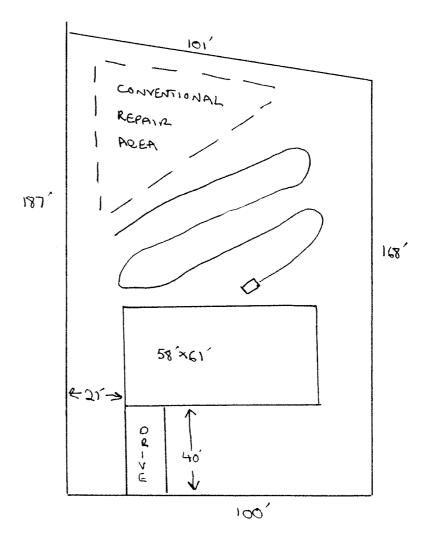
No. 12			DEROSA RO		
ISSUED TO: CUMBERLAND HOMES INC	SUBDIVISION _	CAROLIN	a SEASON	3	LOT # フ
NEW   REPAIR □ EXPANSION □  Type of Structure: SFD(58×61*)		Site Improvem	nents required prior	to Construction Author	
Proposed Wastewater System Type: Conventional					
Projected Daily Flow: 360 GPD  Number of hedrooms: 3 Number of Occupants: 6		******			
number of occupants.	max				
Basement 🗆 Yes 🔀 No					
Pump Required: ☐Yes ☐ No ☐ May be required based on final	location and elev	rations of facilitie	25		
Type of Water Supply:  Community Public Well Dista	nce from well	100 1	eet	Permit valid for:	Five years
Permit conditions:					☐ No expiration
Authorized Cons. Acres Mrs. All Valley					
Authorized State Agent:  The issuance of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of this parmit by the Health Department in a survey of the surve	Date: _	1/8/10	)	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of othe 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.	er permits. The permit t Permit shall not be	it holder is responsib affected by a chang	ole for checking with appi te in ownership of the sit	opriate governing bodies in e. This permit is subject to	meeting their requirements. This compliance with the provisions of
Const	ruction Au	ıthorizatio	\n	**************************************	
			<u>/11</u>		
The construction and installation requirements of Rules 1950 1952 1954 1955 1965 1965	quired for Build	ling Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attached system layout.	, .1958. and .1959 a	ire incorporated by n	elerences into this permi	: and shall be met. Systems	shall be installed in accordance
ISSUED TO: CUMBERLAND 1-lones MC		LOCATION:	PONDEROSA	, Ro	
( )	SUBDIVISI	ON <u>CP0202</u>	-INA SEASO	ONS	LOT # 7
Facility Type: SFO (58×61) New	☐ Expan	sion 🔲 F	Repair		
Basement?  Yes  No Basement Fixtures?  Yes	⊠ No		•		
Type of Wastewater System** Conventional			(Initial)	Wastewater Flow:	360 GPD
(See note below, if applicable □)			(**************************************	mustemater riow.	<u>J-C</u> UID
CONVENTIONAL		_(Repair)			
Installation Requirements/Conditions Number of trenc	hac L	_(nepair)			
Septic Tank Size LOOO gallons Exact length of		200	foot Turnel Co	i 9	5
B 7 1 6				acing: $\frac{9}{2}$	
					nches
Maximum Trench			,	ım soil cover shall n	
(Trench bottoms		0 +/-1/4"	36" ab	ove the trench botto	om)
in all directions)					
Pump Requirements:ft. TDH vs GPM					inches below pipe
	_	_	Aggregate	Depth:	inches above pipe
Conditions: WATER LINE MUST BE 10' FROM	SEPTIC S	DYSTEM		7.3	
**If applicable: I understand the system type specified is different from t	the type specifie	ed on the applic	cation. I accept th	e specifications of ti	his permit.
		,,	,	,	<i>Fermu</i>
Owner/Legal Representative Signature:				Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of	hanges. The Construc	tion Authorization sh	all not be transferred wh	en there is a change in ow	nership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S	ewage Treatment and	l Disposal and to the	conditions of this permi	t. SEE A	TTACHED SITE SKETCH
		The second secon			
Authorized State Agent: REF	15	D	)ate: 1/8/	00	
			ion Date:\		<del></del>
CUIDA	action Muthorn	zativii Expirati	ion pate:	2112	

HTE#	09	-5-	2339	12
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Permit # 25799

## Harnett County Department of Public Health Site Sketch

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ISSUED TO: LUMBERLAND HOMES INC	SUBDIVISION CAROLIUM SEMONS LOT	「# <u></u> つ
Authorized State Agent: RENS (o	LIVER_TOLKSOOR Date: 1/8/10	
	• •	



SPRING FLOWERS DRIVE