## Harnett County Department of Public Health 25938 HTE# 10-5-23948 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: PONDEROSA RD CUMBERLAND HOMES INC. ISSUED TO: SUBDIVISION CAROLINA SEASONS LOT # 53 REPAIR EXRANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD (SJAS Ľ Proposed Wastewater System Type: CONVENTONAL 480 Projected Daily Flow: \_ GPD Number of bedrooms: Number of Occupants: 8 max Basement 🛛 Yes XNO Pump Required: 🛛 Yes X No $\square$ May be required based on final location and elevations of facilities

10

3

2

Permit valid for:

Kive years

SEE ATTACHED SITE SKETCH

No expiration

NEW X

Permit conditions:

Authorized State Agent::

Type of Water Supply: 
Community

the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization (Required for Building Permit)

Date:

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies 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 affected by a change in ownership of the site. This permit is subject to compliance with the provisions of

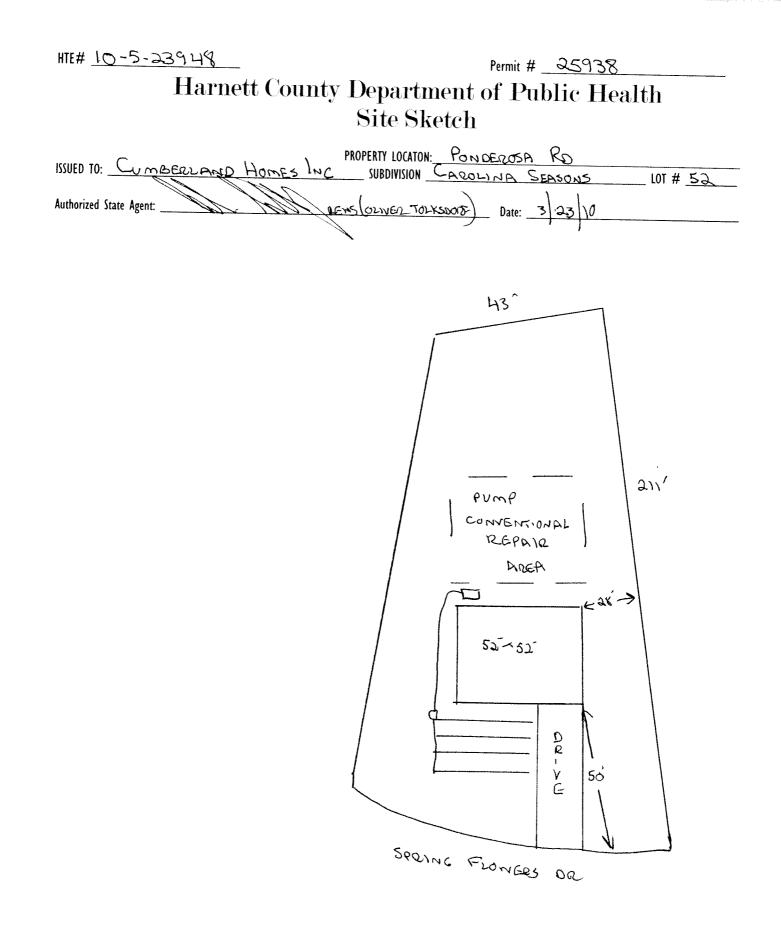
Public 🗆 Well Distance from well 100 feet

REAS

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	SINC PROPERTY LOCATION: PON	IDENOSA RO
Facility Type: SFD(SJ×SJ)	SUBDIVISION CARELINE	SEASONS LOT # 52
Basement? Ves No Basement Fix	Lures? Ves No Expansion Repair	
Type of Wastewater System** CONVENTIONAL		(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable 🗔)		(minual) wastewater flow GPD
Pume	ONVENTIONAL (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 50 feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of: inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
Conditions: WATER LINE MUST UTILITIES MAY ENCROACH	BE 10 FROM SEDIIC SYSTEM ON INITIAL OF REPAIR AD	
	- UL LEFAIR No	- <u>+</u> ,
**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 be transferred when	
construction authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit	there is a change in ownership of the site. This SEE ATTACHED SITE SKETCH
Authorized State Agent:	
Construction Authorization Expiration Date: 3	3/15



and and a second