26118

HTE# 10-5-24387

Harnett county Department of Public Heartn

Improvement Permit

| PROPERTY LOCATION: CAMERON HILL RO |
|---|
| ISSUED TO: CUMBERLAND HOMES SUBDIVISION YORKSHIRE PLANTAKION LOT # 12) |
| |
| NEW REPAIR EXPANSION EXPANSION Site Improvements required prior to Construction Authorization Issuance: |
| Proposed Wastewater System Type: Convenional |
| |
| Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max |
| Basement |
| 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 100 feet Permit valid for: Five years |
| Permit conditions: |
| |
| |
| Authorized State Agent: Date: 6816 SEE ATTACHED SITE SKETCH |
| 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 |
| 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: CUMBERZAND HOMES PROPERTY LOCATION: CAMERON HILL RO |
| SUBDIVISION YOUKSHIRE PLANTATION LOT # 12) |
| Facility Type: 5FD (50×49) X New Expansion Repair |
| Basement? Yes No Basement Fixtures? Yes No |
| Type of Wastewater System** CONVENTIONAL (Initial) Wastewater Flow: 360 GPD |
| (See note below, if applicable \square) |
| 25% REDUCTION SYSTEM (Repair) |
| Installation Requirements/Conditions Number of trenches |
| Septic Tank Size gallons |
| Pump Tank Size gallons |
| Maximum Trench Depth of: \\8\\ \sqrt{S}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| |
| (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 |
| Aggregate Depth: inches above pipe |
| Conditions: WATER LINE MUST BE 10 FROM SERTIC SYSTEM, NO 12 inches total |
| UTILITIES MAY ENCROQUEN ON INITIAL OR REPAIR AREA. |
| |
| **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 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 conditions of this permit. SEE ATTACHED SITE SKETCH |
| |
| Autoint Con American Million Con Clobs |
| Unitroducted state death, 1777 (1777) (1777) |
| Authorized State Agent: Date: 6810 Construction Authorization Expiration Date: 6815 |

Harnett County Department of Public Health Site Sketch

