HTE# 10-5.24591

Harnett County Department of Public Health

26146

Improvement Permit

A building permit cannot be issued with only an Improve	nent Permit
ISSUED TO: CUMBERLAND HOMES INC SUBDIVISION CARDINAL	5
NEW X REPAIR Z EXPANSION SUBDIVISION CARDINI	DEASONS LOT # 51
Type of Structure: <u>SED (56 × 40'</u>)	required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: CONSENSIONAN Projected Daily Flow: SO GPD Number of bedrooms: Number of Occupants: 6 max	
Projected Daily Flow: GPD	
Number of bedrooms: Number of Occupants: max	
Basement Lifes 🚓 No	
Pump Required: 🗆 Yes 🔅 No 🛛 May be required based on final location and elevations of facilities	
ripe of water supply. U community A Public L Well Distance from well ND & foot	Permit valid for: 🛛 🔀 Five years
Permit conditions:	
Authorized State Agent:	
Authorized State Agent: NUSERES Date: Date: IO	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 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	checking with appropriate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	wnership of the site. This permit is subject to compliance with the provisions of
Construction Authorization	
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1954, 1955, 1954, 1955	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by referen with the attached system layout.	es into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: CUMBERLAND HOMES LNC PROPERTY LOCATION: PO	NDEROSAR
Facility Type: STO (36×40) SUBDIVISION CAROLI Reparent	NA SERSONS LOT # 5)
racility type: Kew Expansion Repa	
basement? 🗀 Yes 🛛 😹 No 🛛 Basement Fixtures? 🖂 Yes 🛛 Xi No	
Type of Wastewater System** CONVENTIONML	(Initial) Wastewater Flow: <u>360</u> GPD
(see note below, if applicable [_])	(maal) music water now Gro
CONVENTIONAL (Repair)	
Installation Requirements/Conditions Number of trenches	
septic rank size 1000 gallons Exact length of each trench 150 foot	Trench Spacing: Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a	
Maximum Trench Depth of: $\frac{2m}{2} - \frac{3m}{2}$ inches	Soil Cover: 12-54 inches
(Trench bottoms shall be level to $+/-1/4$ "	
in all directions)	36" above the trench bottom)
Pump Requirements:ft. TDH vs GPM	1
	inches below pipe
Conditions WATED LINE MAR BEINE SEL	Aggregate Depth: inches above pipe
Conditions: WATER LINE MUST BE 10' FROM SEPTIC SYSTEM. " UTILITIES MAY ENCROACH ON INITIAL OR REPAIR FREA	No 12 inches total
ENGRACY ON INITIAL OR REPAIR FREA	
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**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 is a	Date:
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This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the condit Authorized State Agent:	

Construction Authorization Expiration Date:

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