26147

HTE# 10-5-24592

Harnett County Department of Public Health

Improvement Permit

A bu	ilding permit cannot be issued wi	th only an Improvement	Permit	
ICCUITO TO	PROPERTY LOCA	ATION: PONDERS	isa Ro	
ISSUED TO: CUMBERLAND HOMES				LOT # <u>53</u>
NEW A REPAIR TEXPANSION Type of Structure: コーロ (ムマンムコ)		Site Improvements rec	quired prior to Construction Author	ization Issuance:
Proceed Westerner St. 2 Car A 17	8 ^			
Proposed Wastewater System Type: 25% REDUCT	101 0422EM			
Projected Daily Flow: GPD GPD Number of bedrooms: Number of Occupant	⟨ ¹	***************************************		
Number of bedrooms:	s: <u> </u>			
*	And a Carll of the			
Type of Water Supply: Community Public	based on final location and eleva	ations of facilities	.	∠ 1
Permit conditions:	well Distance from well	roo teet	Permit valid for:	Five years
C. III				☐ No expiration
Authorized State Agent::	Res Date:	6/1/5	CFF ATT	ACUED CITE CUETCU
The issuance of this permit by the Health Department in no way guarantees			cking with appropriate governing hadies in	ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use chang	es. The Improvement Permit shall not be	affected by a change in owner	rship 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	, 0	, , , , , , , , , , , , , , , , , , , ,	provisions of
	Construction Au	<u>thorization</u>		
	(Required for Build	ing Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	.1955, .1956, .1957, .1958. and .1959 at	re incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
KEHED TO. CHARGO A. Homes ha		ρ.	0	
ISSUED TO: CUMBERZAND HOMES INC	- PROPERTY	LOCATION:	DESTONY 10	
Facility Type: 5FD (49 247)	ZABDIAIZIO	ON <u>CAROLINA</u>	DEASONS	LOT # <u>53</u>
racility Type: 340 CAC AA 1)	New 📙 Expans	sion 🗌 Repair		
Basement? Ves No Basement Fixture	s? 🗆 Yes 🔀 No			
	KLON SYSTEM		(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable				
PumpTo 25%	, RED. 545.	(Repair)		
	umber of trenches			
Septic Tank Size 1000 gallons E	xact length of each trench	150 feet	Trench Spacing: 9	Feet on Center
B W 1 61	renches shall be installed on co		Soil Cover: 12-78 i	
	aximum Trench Depth of: 3		(Maximum soil cover shall r	
	rench bottoms shall be level to		36" above the trench bott	
· ·	all directions)	0 - 7 17 1	TO ADOVE THE HEIRIN DOLL	Jiii)
D. D	iPM			
is the requirements.	111		A	inches below pipe
Conditions: WATER LINE MET BE IN.	Francis Sami	-c. 11.11.	Aggregate Depth:	1 1
Conditions: WATER LINE MOST BE 10' MASS ENCROPPEND ON INITIAL	120M DEPTIL DYS	100 O	111/12	inches total
THE CACCOPICATION THAT THE	SIL IMEPAIL THUBAS			
**If applicable: / understand the system type specified is	different from the type specifie	ed on the application.	I accept the specifications of the	his permit.
			, ,	,
Owner/Legal Representative_Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, of	r the intended use changes. The Construc	tion Authorization shall not be	transferred when there is a change in ow	vnership 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 condition	ns of this permit. SEE /	ATTACHED SITE SKETCH
Authorized State Agent:	DENS	Date	7/1/10.	
The state of the s	- A			
	construction Authori	zation Expiration Da	te:'1\1\5	ļ

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: PONDEROSA RD					
ISSUED TO: CUMBERZAND HOMES INC SUBDIVISION CAROLINA SEASONS LOT #	53				
Authorized State Agent: Date: 7)1/10					

