HIE# 10-2-37-100

Harnett County Department of Public Health

Improvement Permit

26254

A building permit cannot be issued with only an Improvement Permit ISSUED TO: CUMBERZAND HOMES PROPERTY LOCATION: TONDERDSA W NEW X REPAIR CEAX LY) Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: PUMP TO CONVENTIONAL Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement 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: No expiration The issuance of this permit by the Health Department in no way guarantees the issuance of the 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 resmit 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: CUMBERLAND HOMES PROPERTY LOCATION: PONDERDS A RD Facility Type: SUBDIVISION CAROLINE Repair

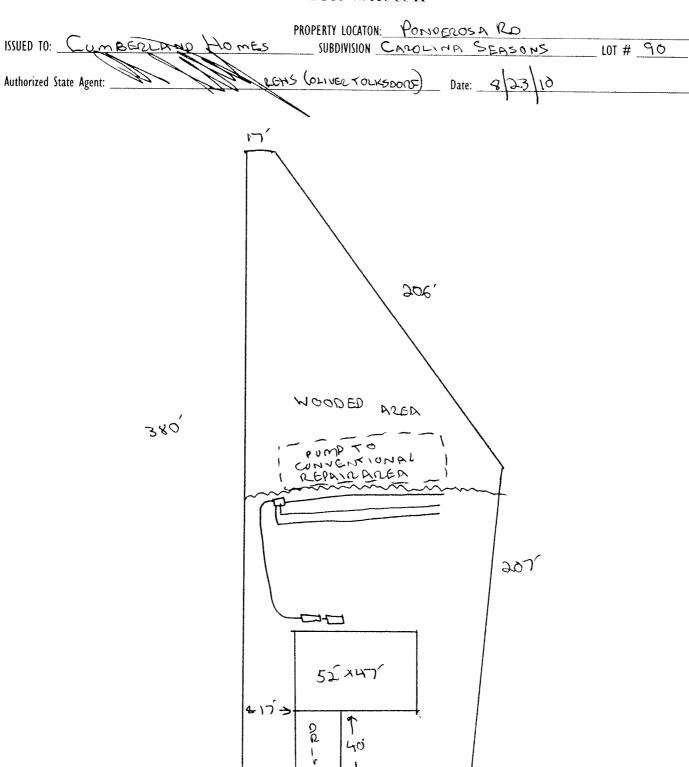
Basement? Yes No Basement Fixtures? Yes No SUBDIVISION CAROLINA SEASONS Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** Pune To Conventioned (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) Pune To Conventional (Repair) Installation Requirements/Conditions Number of trenches 3 Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons 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 WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD 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: 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 Authorized State Agent:

Construction Authorization Expiration Date:

HTE#	10-	5-22700
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Permit # 26258

Harnett County Department of Public Health Site Sketch



PONDEROSA TRAIL