Harnett County Department of Public Health

HTE#10-5-24824

26222

<u>In</u>	nprovement Permit		26222
A building permit ca	annot be issued with only an Improvement	Permit	
ISSUED TO: CUMBERLAND HOMES INC NEW X REPAIR C EXPANSION C Type of Structure: SFD (56'X40')	PROPERTY LOCATION: PONDER	OSA RO	LOT # <u>42</u> rization Issuance:
Proposed Wastewater System Type: Conventionships Projected Daily Flow: 360 GPD Number of Dedrooms: 3 Number of Occupants: 5 Basement 1945 X No	max		
Pump Required: Yes No May be required based on final			
Type of Water Supply: Community Public Well Dista Permit conditions:	nce from well <u>100</u> feet	Permit valid for:	Five years No expiration
Authorized State Agent::	Date: 8310 er permits. The permit holder is responsible for chec t Permit shall not be affected by a change in owner.	SEE ATT/ king with appropriate governing bodies in ship of the site. This permit is subject to a	ACHED SITE SKETCH meeting their requirements. This compliance with the provisions of
Constr	ruction 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

ISSUED TO: CUMBERLAND HOMES	PROPERTY LOCATION: PNDEQ	osa Ro	
Facility Type: <u>SFD(56'×40</u>)	SUBDIVISION CAROLINA S		
Basement? I Yes No Basement Fixt Type of Wastewater System** <u>Convent</u> (See note below if applicable I)	ures? I Yes No	Initial) Wastewater Flow: GPD	
Installation Requirements/Conditions	Number of trenches(Repair)		
Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons IF NEEDED	Maximum Trench Depth of: <u>36</u> inches (M	ch Spacing: <u>9</u> Feet on Center Cover: <u>34</u> inches aximum soil cover shall not exceed	
Duran na si	(Irench bottoms shall be level to $+/-1/4^{"}$ 3, in all directions)	6" above the trench bottom)	
Pump Requirements:ft. TDH vs		egate Depth: inches below pi	
Conditions:		-Same Boptini Inches above pi	•

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:	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 manifest of the laws and Pales for Source T	
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
Authorized State Agent:	



