

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: KENNETH CUMMINGS
 PROPERTY LOCATION: Summit Avenue Dr
 SUBDIVISION: Summit
 LOT # 122

Type of Structure: 5FD(40'x50')
 NEW REPAIR EXPANSION

Proposed Wastewater System Type: CONVENTIONAL

Projected Daily Flow: 480 GPD

Number of bedrooms: 4
 Number of Occupants: 8 max

Basement Yes No

Pump Required: Yes No

Type of Water Supply: Community Public Well

Distance from well 100 feet

Permit valid for: Five years No expiration

Authorized State Agent: GENS Date: 8/27/10

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)

ISSUED TO: KENNETH CUMMINGS
 PROPERTY LOCATION: Summit Avenue Dr
 SUBDIVISION: Summit
 LOT # 122

Facility Type: 5FD(40'x50')
 New Expansion Repair

Basement? Yes No

Basement fixtures? Yes No

Type of Wastewater System: CONVENTIONAL

(See note below, if applicable)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Exact length of each trench 200 feet

Number of trenches 1

Trenches shall be installed on contour at a _____ inches

Maximum Trench Depth of: 18-30 inches

(Trench bottoms shall be level to +/-1/4" in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

Aggregate Depth: _____ inches above pipe

Aggregate Depth: _____ inches total

Trench Spacing: 9 feet on center

Soil Cover: 6-18 inches

(Maximum soil cover shall not exceed 36" above the trench bottom)

(Initial) Wastewater Flow: 480 GPD

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.

Conditions: _____

**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.

Authorized State Agent: GENS Date: 8/27/10

Construction Authorization Expiration Date: 8/27/15

SEE ATTACHED SITE SKETCH

HTE# 10-5-25062

Permit # 26259

Harnett County Department of Public Health Site Sketch

ISSUED TO: KENNETH CUMMINGS PROPERTY LOCATOR: ALPINE DR
SUBDIVISION SUMMIT LOT # 122

Authorized State Agent: ~~RENS (OLIVER TOLKSOONE)~~ Date: 8/27/10

