HTE# 11-5-25915

Harnett County Department of Public Health

Improvement Permit

26474

A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: CUMBERZAMO HOMES INC SUBDIVISION CAROLINA SEASONS LOT # 95	-
NEW X REPAIR C EXPANSION Site Improvements required prior to Construction Authorization Issuance:	-
NEW M. REPAIR DEXPANSION DESCRIPTION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SPD (52.453) Proposed Wastewater System Type: 2590 REDUCTION SYSTEM	
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Projected Daily Flow:	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement 🗆 Yes 🔀 No	
Pump Required: Yes No May be required based on final location and elevations of facilities	
Type of Water Supply: Community Public Well Distance from well O feet Permit valid for: Five years	
Permit conditions: No expiration	
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The same of the sa	-
Authorized State Agent: Date: 2/28/11 SEE ATTACHED SITE SKETCH The investor of this popular by the Medital Description of the second of the	
The issuance of this permit by the Health Department in no way guarantees the issuance there 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)	
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 CHARGO RANG HOMES INC. PROPERTY LOCATION POR GEORGE RO	
ISSUED TO: CUMBERZANO HOMES INC PROPERTY LOCATION: PONDEROSA RO SUBDIVISION CAROZINA SEASONS LOT # 95	
Facility Type: 6FD (52~53) New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes No	
Dasement: 11 1es 12 no dasement rixtures: 11 1es 12 no	
Type of Wastewater System** 25% REDUCTIONSYSTEM (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable X)	
Installation Requirements/Conditions Number of trenches 1	
Septic Tank Size 1000 gallons Exact length of each trench 150 feet Trench Spacing: 7 Feet on Center	
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches	
Maximum Trench Depth of: <u>スレ</u> 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 GPMinches below pipe	
Aggregate Depth: inches above pipe	ļ
Conditions: REPAIR SYSTEM WILL REQUIRE A FRENCH DRAIN inches total	
ALONG THE REAR PROPERTY LING	
NATER 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.	
NO UTILITIES ALLOWED IN INITIAL UN NETAIN DRAIN FIELD ANEA.	
**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:	
Owner/Legal Representative Signature: Date:	_
Construction Authorization is subject to compliance with the extrasions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent: Date: 2 38 1)	
Construction Authorization Expiration Date: 0-128 16	
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HTE#	11	-5	25	9	15
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Permit # _____ 2C474

Harnett County Department of Public Health Site Sketch

