HTE# 17-5-25918

Harnett County Department of Public Health

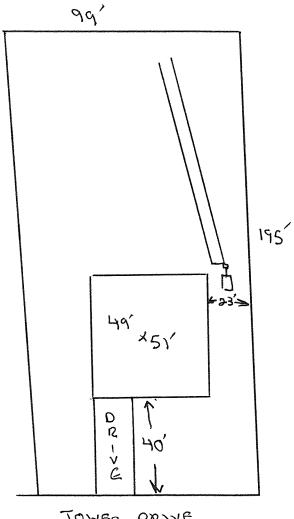
Improvement Permit

26452

| A | building permit cannot be issued w | ith only an Improvement | t Permit | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|--|
| ISSUED TO: CUMBERLAND FLOME | | TIMEEN P | | LOT # 20 | |
| NEW → REPAIR □ EXPANSIO | | | quired prior to Construction Autho | | |
| Type of Structure: SFO (2)97×51') | · — | ore improvements re- | quired prior to construction ratho | itzation issuance. | |
| Proposed Wastewater System Type: 250% REO | N0120 | | | | |
| Projected Daily Flow: 360 GPD | | | | | |
| Number of bedrooms: 3 Number of Occup | ants: max | | | | |
| Basement □Yes ⋈ No | | | | | |
| | red based on final location and elev | | | | |
| Type of Water Supply: ☐ Community 🔀 Public Permit conditions: | ☐ Well Distance from well _ | 100 feet | Permit valid for: | Five years No expiration | |
| | | | | | |
| | | -11,,- | | | |
| Authorized State Agent:: The issuance of this permit by the Health Department in no way guarar site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition | ranges. The Improvement Permit shall not be | it holder is responsible for che affected by a change in own | ecking with appropriate governing bodies in | FACHED SITE SKETCH n meeting their requirements. This compliance with the provisions of | |
| 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. | | | | | |
| • | PROPERT | Y LOCATION: M | 1 CRO TOWER RO | | |
| ISSUED TO: CUMBERLAND HOME Facility Type: SFD (44 x51) | SUBDIVIS ≭ New □ Expar | ION <u>TinGEn</u> nsion □ Repair | PLACE | TOI # <u>70</u> | |
| Basement? Yes No Basement Fixe | ures? 🗆 Yes 🔀 No | | | | |
| Type of Wastewater System** 25% (See note below, if applicable | REDUCTION SYST | EM | (Initial) Wastewater Flow: | <u>360</u> GPD | |
| 25% R | EDUCTION SYSTEM | (Renair) | | | |
| Installation Requirements/Conditions | Number of trenches 5 | | | | |
| Septic Tank Size gallons | Exact length of each trench | | Trench Spacing: 4 | Feet on Center | |
| Pump Tank Size gallons | Trenches shall be installed on | | , (/) | inches | |
| Tump Tank Size ganons | Maximum Trench Depth of: | inches | | | |
| | (Tranch hattams shall be level | to ±/1/4" | (Maximum soil cover shall | | |
| | (Trench bottoms shall be level | 10 -1/4 | 36" above the trench bot | tom) | |
| Down Barrier of TDI | in all directions) | | | | |
| Pump Requirements:ft. TDH vs | _ GPM | | | inches below pipe | |
| C I'.' | | | Aggregate Depth: | · · · · · · · · · · · · · · · · · · · | |
| Conditions: | | | | inches total | |
| WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR D | | SEPTIC SYSTEM OR I | REPAIR 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 there is a change in ownership of the site. This Construction Authorization is subject to compliance with the positions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH | | | | | |
| construction authorization is supject to compliance with the provincing of | the Laws and Kules for Sewage Treatment at | of Disposal and to the conditi | ions of this permit. 3EE | ATTACHED SITE SKETCH | |
| | And And | _ | 2/2/2 | | |
| Authorized State Agent: Date: 2(9)) | | | | | |
| Construction Authorization Expiration Date: 2/9/16 | | | | | |

Harnett County Department of Public Health Site Sketch

| | PROPERTY LOCATON: MKROTOWER RO | |
|-----------------------------|--------------------------------------|-----------------|
| ISSUED TO: CUMBERDAND HOMES | SUBDIVISION TINGEN PLACE | LOT # <u>20</u> |
| Authorized State Agent: | RENG (OLIVER TOLKSDORF) Date: 2/4/1) | |
| 9 119 | | |



TOWER DRIVE