HTE# 11-5-26919

Harnett County Department of Public Health

Improvement Permit

26453

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Micro Tower RD ISSUED TO: CUMBERLAND HOMES SUBDIVISION TINGEN PLACE REPAIR NEW 🔀 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO (48 x3) Proposed Wastewater System Type: 25% REDUCTION Projected Daily Flow: ______ GPD GPD Number of bedrooms: Number of Occupants: ____ Basement TYes ☑ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:

Community Public

Well Distance from well

Community feet Permit valid for: Five years ☐ No expiration Permit conditions: REHS Date: 2911 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance stather 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: CUMBERLAND HOMES PROPERTY LOCATION: MICROTOWER RD Facility Type: SEO (LIRX32)

New Expansion Repair Basement Fixtures? ロ Yes 又 No 25% REDUCTLON SYSTEM (Initial) Wastewater Flow: 360 GPD Basement? Yes Type of Wastewater System** (See note below, if applicable 🔀) 25% REDUCTION SYSTEM (Repair) Number of trenches 2 Installation Requirements/Conditions Exact length of each trench ________ Septic Tank Size 1000 gallons Soil Cover: __ \2 inches Trenches shall be installed on contour at a Pump Tank Size gallons Maximum Trench Depth of: 27 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 _____ inches below pipe Aggregate Depth: ______ inches above pipe 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. **|f 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 SEE ATTACHED SITE SKETCH 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: _ Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: MICRO TOWER RO	
ISSUED TO: CUMBERLAND HOMES	SUBDIVISION TINGEN PLACE	FO1 # <i>_テノ</i>
Authorized State Agent:	RENS COLINGA TOLKSOOF Plate: 2/9/11	
) -,,	

