HTE# 11-5-25923

Harnett County Department of Public Health

26456

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: CUMBERLAND HOMES SUBDIVISION TINEEN PLACE LOT #	30
NEW X, REPAIR C EXPANSION C Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: 540 (60 × 48)	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM	
Projected Daily Flow: <u>340</u> GPD	
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> 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 <u>100</u> feet Permit valid for: 💢 Five year	s
Permit conditions: 🛛 No expire	ition
Authorized State Agent: SEE ATTACHED SITE SKET	CH

The issuance of this permit by the Health Department in no way guarantees the issuance of the 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 HOM	NES	PROPERTY LOCATION:	_ <i>W¹</i>	CROTOWER R	Q
					LOT # <u>30</u>
Facility Type: <u>SFO (60'×48'</u>)	🔀 New	🗆 Expansion 🗌	Repair		
Basement? 🗌 Yes 🛛 No 🛛 Basement Fixt	cures? 🗆 Yes 🗅	🗙 No			
Type of Wastewater System** 25% R	EDUCTION	SYSTEM		(Initial) Wastewater Flo	w: <u>360 </u>
(See note below, if applicable 🛛 25% RE	OUCTIONS	<u>rstem (</u> Repair)			
Installation Requirements/Conditions	Number of trenche	5		_	
Septic Tank Size <u>1000</u> gallons	Exact length of ea	th trench <u>180</u>	feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be i	nstalled on contour at a		Soil Cover: <u>G-D</u>	inches
	Maximum Trench D	epth of: <u>18-24</u>	inches	(Maximum soil cover sha	all not exceed
	(Trench bottoms sh	all be level to +/-1/4"		36" above the trench	bottom)
	in all directions)				
Pump Requirements:ft. TDH vs	GPM				inches below pipe
	. •	Ν.		Aggregate Depth:	inches above pipe
Conditions: SYSTEM LAYOUT TO B	E VERIFIER	HATER LOT	15 CI	EARED	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		PART OF SEPTIC STS		EPAIK AKEA.	
**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 whe the provisions 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: Construction Authorization Expiration Date:	1 9]16

