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 |

