## Harnett County Department of Public Health

HTE# 11-5-25924

Improvement Permit

26458

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A building permit cannot be issued	with only an Improvement Permit	
PROPERTY L	OCATION: MICRO TOWER RD	
ISSUED TO:MBERLANO FLOMES (IBDIVISION	N TINGEN PLACE	LOT # 3
NEWX REPAIR EXPANSION	Site Improvements required prior to Construction	
NEWX REPAIR C EXPANSION C Type of Structure: <u>うらつ(35ネラム)</u>	site improvements required prior to construction	Authorization issuance:
Proposed Wastewater System Type: 2.5% REDUCTION SYSTEM		
Projected Daily Flow: 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 e	elevations of facilities	
Type of Water Supply: 🗆 Community 💢 Public 🗆 Well Distance from well	<u>100</u> feet Permit valid	for: 🔀 Five years
Permit conditions:		
		_ 🗌 No expiration

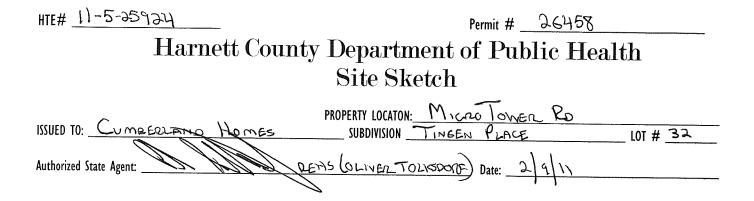
j, Authorized State Agent:: RENS Э Date: 11SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject 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.

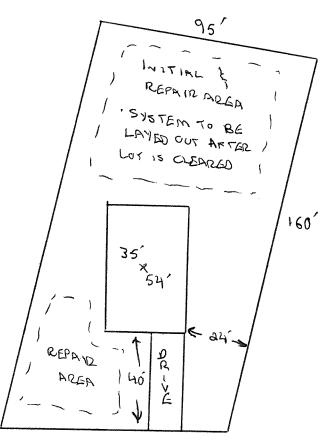
## **Construction** Authorization

(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 HOME	s PROPERTY LOCATION:	LEDTOWER RD		
		PLACE LOT # 32		
Facility Type: 5FO(35×54)	🗢 New 🗆 Expansion 🗖 Renair			
Basement? 🗌 Yes 🛛 🔀 No 🛛 Basement Fixi	ures? 🗆 Yes 🔀 No			
Type of Wastewater System** <u>25%</u> R	EDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD		
(See note below, if applicable 🔀)				
25% REDUCTION SYSTEM (Repair)				
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $180$ feet	Trench Spacing: Feet on Center		
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>G-J2</u> inches		
	Maximum Trench Depth of: <u>18-22</u> inches			
		36" above the trench bottom)		
	in all directions)			
Pump Requirements:ft. TDH vs		inches below pipe		
_		Aggregate Denth: inches above nine		
Conditions: SYSTEM LANOUT TO BE VERIFIED AFTER LOT IS CLEARED inches total				
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.				
**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 previsions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.				
Authorized State Agent: REHS Date: 2(91))				
Authorized State Agent:				





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