## HTE# 11-5-270248

## Harnett County Department of Public Health

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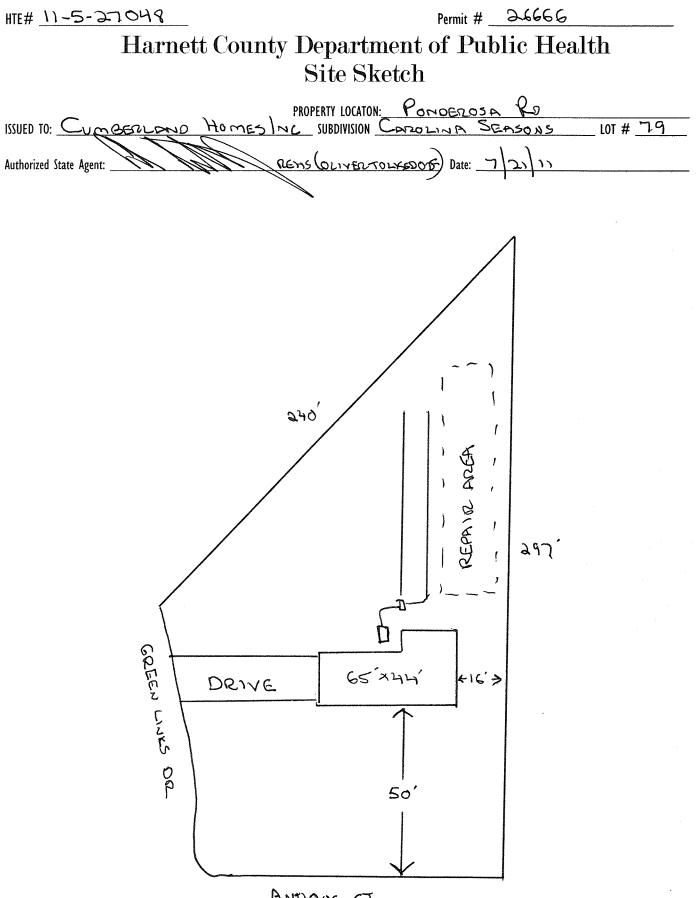
Im	pro	vem	ent	Pe	rmit
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A building permit cannot be is	could with only on	Improvement Dermit
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_	PROPERTY L	MATION PONDER	LOGARD	
ISSUED TO: CUMBERLAND HOME	S LNC SUBDIVISION	CAROLINA S	SEASONS	LOT # 79
NEW 🗹 REPAIR 🗆 EXPANSION			quired prior to Construction Author	
Type of Structure: SFD (65'X44')			· · ·	
Proposed Wastewater System Type: Conversion	NAL			
Projected Daily Flow: <u>360</u> GPD	,			
Number of bedrooms: Number of Occupa	nts: <u>6</u> max			
Basement 🗆 Yes 📉 No				
	ed based on final location and el			$\sim$
Type of Water Supply: 🗆 Community 🖄 Public	Well Distance from well	<u>100</u> feet	Permit valid for:	Five years
Permit conditions:				🗆 No expiration
the second second				
Automined State Access	RENS Date:	7/21/11	(FF 43	
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarante				TACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use cha	inges. The Improvement Permit shall not	be affected by a change in own	ership of the site. This permit is subject t	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions			,	• • •
	Construction A	uthorization		
	(Required for Bu			
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.			into this permit and shall be met. System	ns shall be installed in accordance
	λ	Φ.	0	
ISSUED TO: CUMBERLAND HOM	ES INS PROPER	RTY LOCATION:	NDEQOSA ND	
	SUBDIV	ISION COROLIN	A SEASONS	LOT # <u>79</u>
Facility Type: <u>SFX(65メキャイ)</u> Basement? □ Yes X No Basement Fixtu	🗕 🗷 New 🛛 Exp	ansion 🗆 Repair		
Basement? 🗆 Yes 🛛 🛛 No 🛛 Basement Fixtu	res? 🗆 Yes 🛛 💢 No			
Type of Wastewater System** Conversion	NAL		(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable 🗆)				
CONVENTIO	NAL	(Repair)		
Installation Requirements/Conditions	Number of transfer -		<b>C</b> .	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	75 feet	Trench Spacing:	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on	contour at a	Soil Cover:	inches
8	Maximum Trench Depth of: _		(Maximum soil cover shall	
	(Trench bottoms shall be leve		36" above the trench bo	
	in all directions)	a to •/-1/-1	JU ADDAC UIC UCIUI DU	(ton)
Dump Doguirementes & TDII	GPM		r	instant de la companya
Pump Requirements:ft. TDH vs	urn			inches below pipe inches above pipe
e			Aggregate Depth:	inches above pipe
Conditions:	•			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 provisions of the taws and Rules for Sewage Treatment a	nd Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Date: Date: Date:					
	rization Expiration Date:				



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