## HTE# 11-5-270248

## Harnett County Department of Public Health

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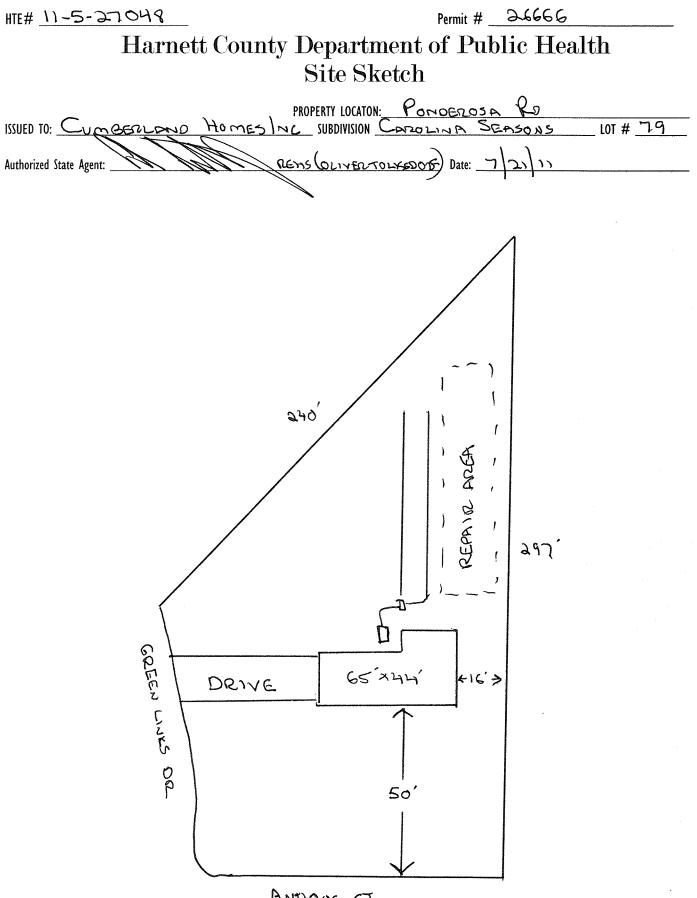
| Im | pro | vem | ent | Pe | rmit |
|----|-----|-----|-----|----|------|
| _  |     |     |     |    |      |

| A building permit cannot be is       | could with only on   | Improvement Dermit |
|--------------------------------------|----------------------|--------------------|
| A building belling composition of it | zznen mini ollik gil | HIDrovement remme  |

| _  | 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::<br>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<br>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><br>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<br>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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