HTE#\_/1-5-27/79

## Harnett County Department of Public Health

Improvement Permit

26750

		A building pern	nit cannot be issued w			
ISSUED TO: Cume	moff and has	es luc	PROPERTY LOC	ATION: Micao		107.41 25
		SION	20PDIAI2ION _		PLACE	LOT # <u>- 3-5</u>
Type of Structure: 5	55×45)	ווטוו		are improvements r	equired prior to Construction	IN AUTHORIZATION ISSUANCE:
Proposed Wastewater System		(ANA)				
Projected Daily Flow: 3	60 GPD	014 19				
Number of bedrooms: 3	Number of Occ	cupants:	max	<u></u>		
Basement 🗆 Yes 🔀 I	lo	pu//				
Pump Required: □Yes >		quired based on	final location and elev	ations of facilities		
Type of Water Supply:		□ Well	Distance from well	1.00 feet	Permit vali	d for: 🛛 Five years
Permit conditions:					· · · · · · · · · · · · · · · · · · ·	No expiration
	Lara					
Authorized State Agent::			25-73 Date: _	12/8/11		SEE ATTACHED SITE SKETCH
The issuance of this permit by the I	lealth Department in no way guz	rantees the issuance	other permits. The perm	it holder is responsible for c	hecking with appropriate governing	g bodies in meeting their requirements. This
site is subject to revocation if the si	te plan, plat, or the intended us	e changes. The Impr	ovement Permit shall not be	affected by a change in ow	nership of the site. This permit is	subject to compliance with the provisions of
the Laws and Rules for Sewage Trea	ment and Disposal and to condit	ions of this permit				
						<u></u>
		<u>Lo</u>	nstruction Au	<u>ithorization</u>		
			(Required for Build	ling Permit)		
The construction and installation req	uirements of Rules .1950, .1952,	.1954, .1955, .1956			s into this permit and shall be m	net. Systems shall be installed in accordance
with the attached system layout.						
ISSUED TO: Cumbi	EOLENA HOME	= \NC	DDADEDT	V LOCATION: M	1000	λ,
1330LD 10.	20-11-12	23 HVQ	CHDDMC	ON TO	O - F	LOT # 25
Facility Type: SFO(	55'x45')	KV	ס ב	ON TINCEN	PLACE	LOI # _ <del>6</del> 5
racinty type:	<del></del>	.— , <u>L</u>	New Expan	sion 🗌 Repair	•	
Basement?  Yes						30-
Type of Wastewater System		ZIONKL			(Initial) Wastewate	r Flow: GPD
(See note below, if applical						
	CONVEN	JANOIT		(Repair)		
<u> Installation Requirements/C</u>	<u>onditions</u>	Number of	trenches		•	
Septic Tank Size 1003	gallons	Exact length	th of each trench 💆	feet	Trench Spacing:	Feet on Center
Pump Tank Size	•		hall be installed on o		Soil Cover: 6-22	
	8		Trench Depth of:			
			ttoms shall be level		`	
		,		W ▼/-1/4	36" above the tre	acn bottom)
D., D.,	6 TDH	in all direc	tions)			<i>c</i>
Pump Requirements:	tt. IDH vs	GPM				inches below pipe inches above pipe
					Aggregate Depth:	inches above pipe
Conditions:				- AAAA		inches total
WATER LINES (INCLUDIN	G IRRIGATION) MUST	BE 10FT. FRO	OM ANY PART OF S	EPTIC SYSTEM OR	REPAIR AREA.	
10 UTILITIES ALLOWED I	N INITIAL OR REPAIR	DRAIN FIFI D	ARFA		-	
**If applicable: / understand	the system type specific	ed is different .	from the type specifi	ied on the application	n. I accept the specificati	ions of this permit.
Owner/Legal Representative	Signature:				Date:	
his Construction Authorization is subj	ect to revocation if the site plan	, plat, or the intend	ed use changes. The Constru	ction Authorization shall not	be transferred when there is a ch	hange in ownership of the site. This
onstruction Authorization is subject	o compliance with the provisions	of the Laws and Ru	les for Sewage Treatment an	d Disposal and to the condi	tions of this permit.	SEE ATTACHED SITE SKETCH
		MM.				
Authorized State Agent: _	11 110	1.1000	echs Construction Author	Date:	12/8/21	
<b>J</b> =	4	7	Construction Author	ization Expiration	Date: 12/8/16	
			weeken number	auvi Expilativii !	- 10 11	

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Permit # <u>26750</u>

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: MICRO TOWERS RD	
ISSUED TO: CURPOREDAND HOMES	SUBDIVISION TINCEN PLACE	LOT # <u>25</u>
Authorized State Agent:	DRENS COLIVER TOLKSDORD Date: 12/8/11	
•		

