HTE# 11-5-27180

## Harnett County Department of Public Health

Improvement Permit

26749

A	building permit cannot be issued with only an Improvement Permit	
ISSUED TO: CUMBERLAND HOME	PROPERTY LOCATION: Micro Tower Ro	107 # 3/
NEW E REPAIR C EXPANSIO		LOT # 2-4
Type of Structure: 580 (55 × 45)	ON  Site Improvements required prior to Construction Au	thorization Issuance:
Dunnaged Wasterwater Creater Trungs Con 1510 - 4510 - 4510	(414	
Projected Daily Flow: 360 GPD  Number of bedrooms: 3 Number of Occup	NAL	
Number of bedrooms: Number of Occup	pants: & max	
Basement 🗆 Yes 🔀 No	valitsinax	
	ired based on final location and elevations of facilities	
Type of Water Supply:  Community Public		: Five years
Permit conditions:	Well Distance from well 300 leet leet leftillt valid for	No expiration
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in expiration
Authorized State Agent::	RETIS Date: 12/8/1/ SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bod	es in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use of	changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subje	ct to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ns of this permit.	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .195019521	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Sy	stems shall be installed in accordance
with the attached system layout.	7-1, 17-1-, 17-1-, 17-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-, 18-1-,	stells shan be instance in accordance
	1 m 7 0	
ISSUED TO: CUMBERLAND MOMES	NC PROPERTY LOCATION: MICRO TOWER RO SUBDIVISION TINGEN PLACE	
1 - 1 - 2		LOT # _ <del>0-6</del>
Facility Type: SEO(55×45)	🔀 New 🖂 Expansion 🖂 Repair	
Basement?   Yes   No Basement Fix	tures? 🗆 Yes 🖎 No	_
Type of Wastewater System** Convent	ONAL (Initial) Wastewater Flo	ow: <u>360</u> gpd
(See note below, if applicable □)		
CONVENT	10NAL (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size 1008 gallons	Exact length of each trench 50 feet Trench Spacing:	Fact on Canton
,	- · · · · · · · · · · · · · · · · · · ·	
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: 12-24	
	Maximum Trench Depth of: $24-36$ inches (Maximum soil cover sh	
	(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench	bottom)
	in all directions)	•
Pump Requirements:ft. TDH vs	GPM	inches below pipe
	•	
	Aggregate Depth:	inches above pipe
Conditions:	Aggregate Depth:	inches above pipe
Conditions:	Aggregate Depth:	inches above pipe inches total
WATER LINES (INCLUDING IRRIGATION) MUST I	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
WATER LINES (INCLUDING IRRIGATION) MUST I NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. Drain field area.	12 inches total
WATER LINES (INCLUDING IRRIGATION) MUST I NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	12 inches total
WATER LINES (INCLUDING IRRIGATION) MUST IN NO UTILITIES ALLOWED IN INITIAL OR REPAIR CONTROL And the system type specified	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  DRAIN FIELD AREA.  It is different from the type specified on the application. I accept the specifications	of this permit.
WATER LINES (INCLUDING IRRIGATION) MUST IN NO UTILITIES ALLOWED IN INITIAL OR REPAIR CONTROL And the system type specified and the system type specified.	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  DRAIN FIELD AREA.  It is different from the type specified on the application. I accept the specifications	of this permit.
WATER LINES (INCLUDING IRRIGATION) MUST IN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE **If applicable: I understand the system type specified Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site page.	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  DRAIN FIELD AREA.  It is different from the type specified on the application. I accept the specifications  Date:  plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change	of this permit.
WATER LINES (INCLUDING IRRIGATION) MUST IN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE **If applicable: I understand the system type specified Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site page.	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  DRAIN FIELD AREA.  It is different from the type specified on the application. I accept the specifications  Date:  plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change	of this permit.
WATER LINES (INCLUDING IRRIGATION) MUST IN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE **If applicable: I understand the system type specified Owner/Legal Representative Signature:  This Construction Authorization is subject to reposation if the site plan. Construction Authorization is subject to compliance with the positions of the site plan.	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  DRAIN FIELD AREA.  It is different from the type specified on the application. I accept the specifications  Date:  plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	of this permit.
WATER LINES (INCLUDING IRRIGATION) MUST IN NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE **If applicable: I understand the system type specified Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site page.	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  DRAIN FIELD AREA.  It is different from the type specified on the application. I accept the specifications  Date:  plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change	of this permit.

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: MICROTOWER RO

SUBDIVISION TINGEN PLACE LOT # 36

Authorized State Agent: DECHS (DENKER TORKSDOOD) Date: 12/8/11

