HTE# 11-5-27181

Harnett County Department of Public Health

Improvement Permit

26855

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MICRO TOWER RD ISSUED TO: CUMBERZAND HOMES INC SUBDIVISION TINGEN PLACE NEW 💢 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO (55×45 Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360
Number of bedrooms: 3 Number of Occupants: ___ S max Basement □Yes ➤ No Pump Required:

Yes

No

May be required based on final location and elevations of facilities Type of Water Supply:

Community

Public

Well Distance from well

Community

feet Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent::

Date: 12 16 11

SEE 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: CUMBERZAND HOMES INC PROPERTY LOCATION: MICRO TOWER RO SUBDIVISION TINGEN PLACE Facility Type: SFO (55 x25)

New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) 25% REOVERION SYSTEM (Repair) Number of trenches 1 Installation Requirements/Conditions Exact length of each trench 180 feet Trench Spacing: ______ Feet on Center Septic Tank Size 1000 gallons Soil Cover: 12-224 inches Trenches shall be installed on contour at a Pump Tank Size gallons Maximum Trench Depth of: 24-36 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. _____ GPM _____ inches below pipe Aggregate Depth: inches above pipe 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. **|f applicable: / 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: This Construction Authorization is subject to revocation of 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 plantions of the laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 12

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: MICROTOWER RO
SUBDIVISION TINGEN PLACE

LOT # 17

Date: 12/16/1)

