HTE#11-5-27183

## Harnett County Department of Public Health

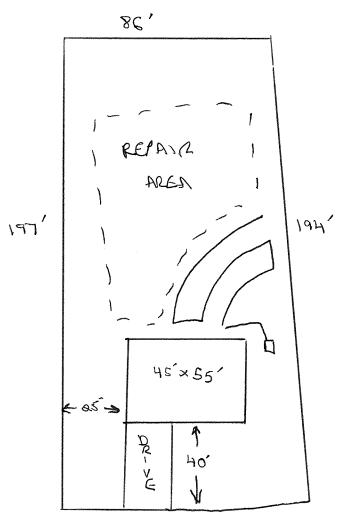
## **Improvement Permit**

26852

A	A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: Micro Tomes 2D			
KILLED TO. CUMBERLAND HOM	· · · · · · · · · · · · · · · · · · ·	72		
NEW ≥ REPAIR □ FXPANSIO		9-2		
Type of Structure: 550 (55 x45)	on — site improvements required prior to construction Authorization issuance.			
Proposed Wastewater System Type: ComEnt	JANOT			
Projected Daily Flow: 360 GPD	-			
Number of bedrooms: Number of Occup	upants:max			
Basement Yes No				
Pump Required: □Yes → No □ May be requ	uired based on final location and elevations of facilities			
Type of Water Supply:  Community  Public Permit conditions:	☐ Well Distance from well <u>\\\C\C\C\C\C\C\C\C\C\C\C\C\C\C\C\C\C\C</u>			
tall 1				
Australiand Contr. Accepts	2006 0 10/10			
Authorized State Agent::  The issuance of this parmit by the Health Department in no ways grouped.	RGHS Date: 12-47) SEE ATTACHED SITE SKETCH	1		
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	antees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirem changes. The Improvement Petroit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the proof on sof this permit.	ents. This ovisions of		
	Construction Authorization			
	(Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	1954, 1955, 1956, 1957, 1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in ac	cordance:		
ISSUED TO: CUMPERLAND HOME	ES INC PROPERTY LOCATION: MICRO TOWER CO SUBDIVISION TINCEN PLACE LOT# 3			
(1	SUBDIVISION TINCEN PLACE LOT#	73		
Facility Type: 34005 AGS 7	🔀 New . 🗆 Expansion 🗆 Repair	-		
	xtures? 🗆 Yes 🔀 No			
Type of Wastewater System** Content	(Initial) Wastewater Flow: 360	GPD		
(See note below, if applicable □)				
Comer	MIONAL (Repair)			
Installation Requirements/Conditions	Number of trenches \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
Septic Tank Size 1000 gallons	Exact length of each trench 150 feet Trench Spacing: 9 Feet on Center			
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: 12-24 inches			
0	Maximum Trench Depth of: 22-36 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	·· ′ C	•		
rump requirementstt. 1Dn 43		• •		
Canditions	Aggregate Depth: inches abo			
Conditions:		es total		
WATER LINES IN COLUMN TO THE C				
WAIER LINES (INCLUDING IRRIGATION) MUST B	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	DRAIN FIELD AREA.			
**If applicable: / understand the system type specified	d 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 prevision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH				
11.1	O THE DIE OF CHICAGO OF THE POPULATION OF THE PROPERTY OF THE PROPERTY OF THE POPULATION OF THE POPULA	- I VII		
Authorized State Agent:	REAS Date: 12 8 1)			
•	Date:			

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON:	MicroTower	Ro
ISSUED TO: _ KINGERIANA COMES	SUBDIVISION 1	NCEN PLACE	LOT # '23
Authorized State Agent:	REAS COLIVER TOLK	SDORD Date: In 3 11	



DOUGLAS ACRES