HTE# 17-5-27184

## Harnett County Department of Public Health

**Improvement Permit** 

26851

A building permit cannot be issued with only an Improvement Permit		
ISSUED TO: CUMBERZAMO HOME	PROPERTY LOCATION: MICRO TOMES SUBDIVISION TINGEN PLACE	
NEW REPAIR C EXPANSIO		LOT # <u>24</u>
NEW REPAIR DEXPANSION  Type of Structure: SFO (55×45)	3 te improvements required prio	r to Construction Authorization Issuance:
Proposed Wastewater System Type: Convent	DARL	
Projected Daily Flow: GPD GPD		
Number of bedrooms: 3 Number of Occup	ants: 6 max	
Basement Yes No		
Pump Required: □Yes → No □ May be requi	red based on final location and elevations of facilities	
Type of Water Supply:   Community Public	□ Well Distance from well <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Permit valid for: Five years
Permit conditions:		No expiration
Australia of State Accepts	1 100 1100	
Authorized State Agent::  The issuance of this parmit by the Health Department in no way guarantees.	tees the issuance of other permits. The permit holder is responsible for checking with a	SEE ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use of	nanges. The Improvement Permit shall not be affected by a change in ownership of the	ppropriate governing bodies in meeting their requirements. This 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.	see this permit is subject to compliance with the provisions of
	Construction Authorization	
The construction and installation requirements of Rules 1950, 1952, 19	(Required for Building Permit) 54, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this per	mit and shall be mot Sustants shall be installed in accordance
with the attached system layout.		
ISSUED TO: CUMBERLAND HOMES	SUBDIVISION TINGEN PLACE	wer Ro
1 5	SUBDIVISION TINGEN PLAC	E LOT # 2-7)
Facility Type: SFD (55 ×45)	New   Expansion   Repair	
	ures? 🗆 Yes 🔀 No	
Type of Wastewater System** _ CONVENT		al) Wastewater Flow: 350 GPD
(See note below, if applicable □)	(ma)	Wasterfatti Flow.
Comen	TIONAL (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size 1000 gallons	Exact length of each trench So feet Trench S	Spacing: Feet on Center
Pump Tank Size gallons		er: 12-25 inches
Sanons		mum soil cover shall not exceed
	•	
	in all directions)	above the trench bottom)
Pump Requirements:ft. TDH vs		٠
rump requirementsit. 1Dn vs		inches below pipe
Conditions	Aggrega	te Depth: inches above pipe
Conditions:		inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR A	REA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	RAIN 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:
Owner/Legal Representative Signature:		
Construction Authorization is subject to compliance with the Devictions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH		
		1
Authorized State Agent: Date: 12 8 1)		
Authorized State Agent: Date: 12 8 11  Construction Authorization Expiration Date: 12 8 15		

## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: M'CRO TOWGE RO

LOT # 224

Authorized State Agent: Date: 128/11

