HTE#<u>11-5-27186</u> Harnett County Department of Public Health <u>Improvement Permit</u> A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: PONSERS PO

\sim	PROPERTY LOCATION: PONOES	205A RO
ISSUED TO: LUMBERLAND HO	MES INC SUBDIVISION CAROLINA	SEASONS LOT # 77
NEWAS REPAIR 🗆 EXPANSI		quired prior to Construction Authorization Issuance:
Type of Structure: SFD (52×54)		
Proposed Wastewater System Type: 25% RED	UCTION SYSTEM	
Projected Daily Flow: 360 GPD	<u> </u>	
Number of bedrooms: <u>3</u> Number of Occu	pants: <u>6</u> max	
Basement 🗆 Yes 🛛 No		
Pump Required: 🗆 Yes 🛛 🖾 No 🛛 🗆 May be requ	ired based on final location and elevations of facilities	
Type of Water Supply: 🗆 Community 🔀 Public	\Box Well Distance from well <u>\OO</u> feet	Permit valid for: 🛛 🔀 Five years
Permit conditions:		No expiration
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Authorized State Agent:	<u>REHS</u> Date: 8511	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 ch	ecking with appropriate governing bodies in meeting their requirements. This ership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditio	nanges. The improvement remain shall not be anected by a change in owr	ersnip of the site. This permit is subject to compliance with the provisions of
- · ·		
	Construction Authorization	
	<u>Construction</u> Authorization	
-	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
, ,		
ISSUED TO: CUMBERLAND HOR	nes Inc property location: Po	NDFROSA BD
		IN SEASONS LOT # 77
Facility Type: SFD(51×54-)	New 🗆 Expansion 🗆 Repair	
Basement? Yes No Basement Fix	tures? These No	
Type of Wastewater System** 25% RS	TURES? I YES X NO DUCTION SYSTEM	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable [])		(Initial) Wastewater 110W UPD
25% R	EOUCTION SYSTEM (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size $\underline{\vee \circ \circ \circ}$ gallons		9
	Exact length of each trench <u>120</u> feet	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 12-18 inches
	Maximum Trench Depth of: $\underline{a}\overline{4}-3\overline{0}$ 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
Conditions:		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.

