Harnett County Department of Public Health

HTE#12-5-30029

Improvement Permit

27194

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: PONDEROSA KD	
ISSUED TO: CUMBERLAND HOMES SUBDIVISION CARCINA SEAJONS LOT #	25
NEW X REPAIR ロ EXPANSION ロ Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SEO (コイアルミン)	
Type of Structure: <u>SEO(54745)</u>	
Proposed Wastewater System Type: 05% OREDUCKION SYSTEM	
Projected Daily Flow: GPD	
Number of bedrooms: <u>3</u> Number of Occupants: <u>G</u> 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 <u>VOO</u> feet Permit valid for: 🗡 Five years	;
Permit conditions:	
Authorized State Agent::	H

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: CUMBERLAND H	IOMES	PROPERTY LOCATION:	PON	IDEROSA BO		
		SUBDIVISION CAROL	LINA	SEASONS	LOT # 25	5
Facility Type: <u>50(54×45</u>)	🔀 New 🗆	🗆 Expansion 🗔 R				
Basement? □ Yes No Baseme Type of Wastewater System** _ <u>25%</u>	nt Fixtures? 🗇 Yes 🛛 🔀	No				
Type of Wastewater System**	REDUCTION SY	STEM		_ (Initial) Wastewater Flow:	<u>'340</u> GI	PD
(See note below if applicable [])				. ,		
25%	REDUCTION SYS					
Installation Requirements/Conditions	Number of trenches	1		0		
Septic Tank Size 1600 gallons	Exact length of each	trench <u>V8C</u>	feet 1	Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be insta	alled on contour at a	S	Soil Cover: <u>6-18</u>	inches	
	Maximum Trench Dept	th of: <u>18-30 </u> ir	nches	(Maximum soil cover shall	not exceed	
	(Trench bottoms shall	be level to +/-1/4"		36" above the trench bot	tom)	
	in all directions)					
Pump Requirements:ft. TDH vs.	GPM				inches below	pipe
				Aggregate Depth:	inches above	e 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.

**If applicable: I understand the system type specified is different from the type specified on the	he application. I accept the specifications of this permit.
Owner/Legal Re presentative Sig nature:	Date:
This Construction Authorization is subject to revocation if the Sie plan, plat, or the intended use changes. The Construction Authorization	prization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the period of the Laws and Rules for Sewage Treatment and Disposal	and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date:

