HTE# 12-5-30303

Harnett County Department of Public dealth Improvement Permit 25535

A Duliding permit cannot be issued w	ith only an Improvement Permit
ISSUED TO: CUMBERLAND HOMES INC SUBDIVISION	N
NEW REPAIR DEXPANSION D	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SED (44°35)	site improvements required prior to construction Authorization issuance:
Proposed Wastewater System Type: 25% RESUGION SYSTEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: max	
Basement Yes No	
Pump Required: ☐Yes ☐ No May be required based on final location and elev	vations of facilities
Type of Water Supply: Community Public Well Distance from well Page 15 and 15 an	loo feet Permit valid for: Five years
Permit conditions:	—————————————————————————————————————
Authorized State Agent:: Date:	12/12
The issuance of this permit by the Health Department in no way guarantees the issuance of the permits. The permits	SEE ATTACHED SITE SKETCH
	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.	, some and the provisions of
<u>Construction</u> Au	thorization
(Required for Build	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 a with the attached system layout	re incorporated by references into this permit and shall be mot Systems shall be installed in
with the attached system layout.	The state of the same and shall be lifet. Systems shall be installed in accordance
ISSUED TO: CUMEBURAND HOMES INC PROPERTY	110017101 M - 1 0
Facility Type: 500(44×51) New Expans	ON BSHEZORD FOI # €0
	sion Repair
Tes Cito	
	560 (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
	(Repair)
Installation Requirements/Conditions Number of trenches 1	
Septic Tank Size 1000 gallons Exact length of each trench	
Pump Tank Size gallons	
Maximum Trench Depth of:	
(Trench bottoms shall be level to	o +/-1/4" 36" above the trench bottom)
in all directions)	,
Pump Requirements:ft. TDH vs GPM	inches below pipe
	Aggregate Denth inches above nine
Conditions:	inches total
	menes total
*If applicable: I understand the system type specified is different from the type specifie	ed on the annication I accent the specifications of this posmit
, ,, ,, , and an expectation	on the apprecation. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date
Owner/Legal Representative Signature:	Uate
onstruction Authorization is subject to compliance with the promises of the Law and Rules for Sewage Treatment and	Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
THE WILLIAM THE WAR THE	SEE ATTACHED SHE SKEICH
uthorized State Agent:	
Construction Authorize	zation Expiration Date: 17/18

Harnett County Department of Public Health Site Sketch

ISSUED TO: CUMBERIAND HOMES PROPERTY LOCATON: M. SUBDIVISION ASNE	ARYS RD LOT # 60
Authorized State Agent: RET'S GLIVER TOLKSDORF	
94	, ,
REPAID AREA ,	206
HAVISTOCK CT	4 15- A