HTE# 13-5-3068912

Harnett County Department of Public Health

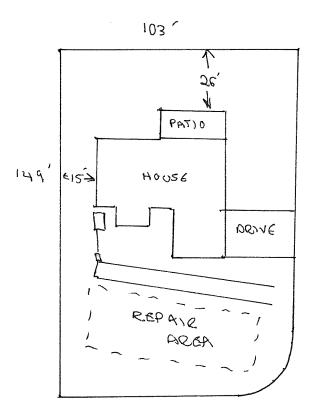
Improvement Permit

27435

A	building permit cannot be issued wi			
ISSUED TO: CUMBERLAND HOM	PROPERTY LOCA	ATION: PONDER		105 11 -
\ _				LOT # <u></u>
NEW REPAIR CONTROL SERVICE SEC (56, ×64)	N L	Site Improvements re	quired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: 25% Red	UCKIAN	· · · · · · · · · · · · · · · · · · ·		
Projected Daily Flow: 360 GPD	0011012			
Number of bedrooms: Number of Occu	pants: 6 max			
Basement Yes No	alidlilax			
\ .	ired based on final location and elev	ations of facilities		
Type of Water Supply: Community Public	☐ Well Distance from well	foot	Permit valid for:	Five years
Permit conditions:		icet	t crimt vanu tor.	□ No expiration
				ш но ехриации
		1		
Authorized State Agent::	NRE145 Date:	4/26/13	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permi	t holder is responsible for ch	ecking with appropriate governing bodies i	n meeting their requirements. This
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	hanges. The Improvement Permit shall not be	affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of
the taris and nates for schage meaniture and pisposar and to condition	or ans permit.			
	Construction Au	thorization		
The construction and installation requirements of Duly 1000, 1000, 1000	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 a	re incorporated by references	into this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: CUMEERLAND HOME	S PROPERT	LOCATION: Po	NOBROSA RO	
	CHRRING	ON CAROLIN	A SEASONS	LOT # A
Facility Type: SFO (SC×64)	🔀 New 🗆 Expan			
	ures? 🗆 Yes 🔀 No			
Type of Wastewater System** 25% R	EDUCTION SYST	EW	(Initial) Wastewater Flow:	_3co gpd
(See note below, if applicable □)		<u>~ 1 · · · </u>	(IIIIIai) Wastewater Flow.	drv
25%	REDUCTION	(Repair)		
Installation Requirements/Conditions		_(nepair)		
•	Number of trenches 2		C	_
Septic Tank Size LOOO gallons	Exact length of each trench		Trench Spacing: 9	
Pump Tank Size gallons	Trenches shall be installed on c			inches
	Maximum Trench Depth of:		(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level t	to +/-1/4"	36" above the trench bot	tom)
	in all directions)			,
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth:	
Conditions:				inches total
				menes total
NATER LINES (INCLUDING IRRIGATION) MUST B	F 10FT FROM ANY PART OF S	EPTIC SYSTEM OR I	SEDVIB VBEV	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	DAIN EIEIN ADEA	LI IIC JIJILM OK I	ILI AIII AIILA.	
**If applicable: / understand the system type specified	is different from the type specific	ed on the application.	. I accept the specifications of	this permit.
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject-to revocation if the site plan, p	at, or the intended use changes. The Constru	ction Authorization shall not	be transferred when there is a change in o	wnership of the site This
construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment an	d Disposal and to the conditi	ons of this permit.	ATTACHED SITE SKETCH
Authorized State Agent:	861-35	Data	4/26/13	
MULTIONIZED STATE Agent.			, , , ,	
	Construction Author	ization Expiration D	ate: 112474	1

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: PONDEROSA RO	
ISSUED TO: UMBERDIAND HOMES	SUBDIVISION CAROLINA SEASONS	LOT # 1
Authorized State Agent:	CHS COLIVER TOLKSOOR) Date: 4/26/13	



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