HTE# 16-5-38099 Harnett County Department of Public Health

28820

Improvement Permit

A	building permit cannot be issued wit				
ISSUED TO! Cumherland Homes			BAllword RD		
NEW -			& Woods	LOT # <i></i>	
TEXT AIR CO.	ON L	Site Improvements re	quired prior to Construction Author	ization Issuance:	
Type of Structure:					
Proposed Wastewater System Type: 25% TONO	coron Systa				
Projected Daily Flow: 480 GPD		9 -4-4			
Number of bedrooms: Number of Occup	pants: max				
Basement Yes No					
Pump Required: ☐Yes ☐ No ☑ May be requi	ired based on final location and eleva	tions of facilities			
Type of Water Supply: Community Public	☐ Well Distance from well	feet	Permit valid for:	Five years	
Permit conditions:		10 10 10 10 10 10 10 10 10 10 10 10 10 1		☐ No expiration	
	1 21	•			
5	M 1 100 128 WS		46		
Authorized State Agent: James	ANNANT Date:	4-1-16	SEE ATTA	ACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit	holder is responsible for che	ecking with appropriate governing bodies in	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 a	affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of	
the can's and hales for sewage treatment and bisposal and to condition	s or this permit				
	Construction Au	thorization			
	(Required for Buildi	ng Permit)			
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958, and .1959 and	incorporated by references	into this permit and shall be met Sustame	shall be installed in accordance	
with the attached system layout.					
ISSUED TO: Conherand Homes	THE DRODERTY	LOCATION C. 116	77 8 11 / DA		
issue in the contract in the same	FRUTERII	LUCATION: SACTY	s (LAUNTA KI)		
Carilla, Tomas	ZORDIAIZIO	N DALLAN	el words	LOT # <u>/Y</u> 9	
Facility Type:	🗹 New 🖵 Expansi	on 🗆 Repair		/	
Basement? Yes No Basement Fixt	ures? 🗆 Yes 🗹 No				
Type of Wastewater System** 25% ₹€	DUCTION SystEm		(Initial) Wastewater Flow: _	480 GPD	
(See note below, if applicable)	/			200	
lum to2	520 RAD Sx+3	(Renair)			
Installation Requirements/Conditions	Number of trenches /	_(nepair)			
Septic Tank Size 1200 gallons	Exact length of each trench	200	9	·	
			Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on co		The state of the s	iches	
	Maximum Trench Depth of:	inches	(Maximum soil cover shall no	ot exceed	
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench botto		
	in all directions)				
Pump Requirements:ft. TDH vs			6	inches helew nine	
			Aggregate Death: 7	inches below pipe	
Conditions: Follow Class	- 1 = -12 /-		Aggregate Depth: Z	inches above pipe	
Conditions: Follow Flags	Systian uni	ort		inches total	
	×				
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SE	PTIC SYSTEM OR R	EPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE	RAIN FIFI D ARFA				
			*		
**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:		
his Construction Authorization is subject to revocation if the site plan, pla	at, or the intended use changes. The Constructi	on Authorization shall not be	transferred when there is a change in own	sarchin of the site. This	
onstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and	Disposal and to the condition	ns of this permit CFF A	TTACHED SITE SKETCH	
	1		or and permit.	ITACILLO SILL SKLICH	
authorized State Agent: Date: 4-1-16					
Date: 4-1-19					
Construction Authorization Expiration Date: 4-1-21					

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON ON 1437 Box Chan & TED	
ISSUED TO: Cumperland Hones INC SUBDIVISION Balling Woods LOT # 149	
Authorized State Agent: Date: 4-1-16	_

