HTE# 16-5-36100 R

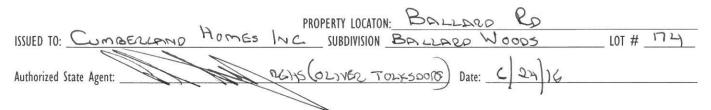
## Harnett County Department of Public Health

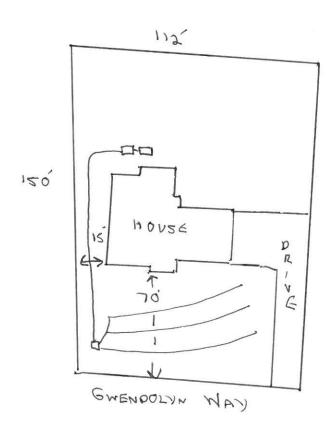
28907

Improvement Permit
nit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: BALLARO RD
SSUED TO: CUMBERLAND HOMES LLC SUBDIVISION BALLACO MODOS LOT # 174
DEDAID A SYDANSION A Site Improvements required prior to Construction Authorization Issuance.
Type of Structure: SKO (47 755)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 360 GPD
Number of bedrooms:
Basement 🗆 Yes 🔀 No
Pump Required: XIYes □ No □ May be required based on final location and elevations of facilities
Type of Water Supply:  Community Public  Well Distance from well feet  Permit valid for: Five years
Permit conditions: No expiration
Authorized State Agent:  Date: 6 24   6 SEE ATTACHED SITE SKETCH
Authorized State Agent::  Date: 6 24 1 6 SEE ATTACHED SITE SKETCH  The issuance of this permit by the Health Department in no way guarantees the brance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
ite 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.
SSUED TO: CUMBGEREAND HOMES LLC PROPERTY LOCATION: BALLARD RD  SUBDIVISION BALLARD NOODS LOT # 174
SUBDIVISION BALLARD WOODS LOT # 174
Facility Type: SFD (47) ×56) X New Expansion Repair
Resement? Ves No Resement Fixtures? Ves No
Basement?   Yes No Basement Fixtures?   Yes No  Type of Wastewater System**  Pume To REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable )
Installation Requirements/Conditions Number of trenches 3
Septic Tank Size 1000 gallons Exact length of each trench 75 feet Trench Spacing: 9 Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: inches
Maximum Trench Depth of: 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 GPMinches below pipe inches below pipe inches above pipe
Conditions: SEE SUBDIVISION MAR FOR EXACT REPAIR LOCATION inches total
Conditions: SEE SUBDIVISION MAR FOR EXACT REPAIR LOCATION inches above pip inches tota
NATER 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 application. I accept the specifications of this permit.
Owner/Legal Representative Signature: Date:
This Construction Authorization—is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent: Date: C 24 ) 6
Construction Authorization Expiration Date: 6/24/21

## Harnett County Department of Public Health Site Sketch





\*SEE SUBDIVISION MAR FOR OFF SITE REPAIR AREA.