HTE# 16-5-37210

## Harnett County Department of Public Health

29054

Improvement Permit

mit cannot be issued with only an Improvement Permit

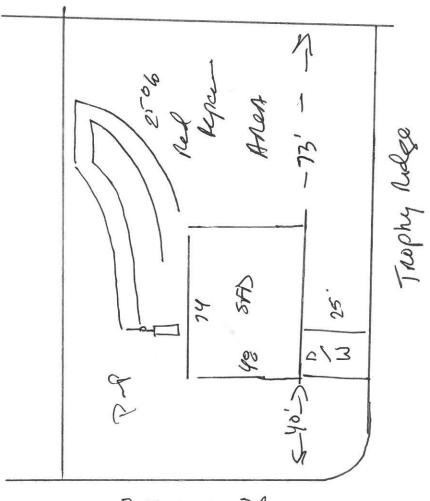
A	DRUDERTY LUCY	TION: 34 III Provenient	Rollers RD	
ISSUED TO: Cumperland Homes	THE SUBDIVISION	HELEN WEI (		
NEW □ REPAIR □ EXPANSION		Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure:		sice improvements requ	sirea prior to construction natio	nzation issuance.
Proposed Wastewater System Type: 752 /	d			
Projected Daily Flow: Seo GPD				
Number of bedrooms: 3 Number of Occupa	ants: C max			
Basement □Yes □No				
Pump Required: ☐Yes ☐ No ☑ May be requir	red based on final location and eleva	ations of facilities		
	☐ Well Distance from well		Permit valid for:	Five years
Permit conditions:				☐ No expiration
\$60 MSC 264 GM-533		, , , , , , , , , , , , , , , , , , , ,		•
5 1	1 le		,	
Authorized State Agent:	Date:	9-12-1		TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant				
site is subject to revocation—if the site plan, plat, or the intended use ch the Laws and Rules for Sewage Treatment and Disposal and to conditions		affected by a change in owner	snip of the site. This permit is subject to	compliance with the provisions of
		00-0-20-1-X-411		
	Construction Au	thorization		
The construction and installation requirements of Pulse 1000 1003 100	(Required for Build		ne abic names and shall be not forten	a aball by installed in accordance
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.	54, .1755, .1750, .1757, .1758. and .1757 at	re incorporated by references i	nto this permit and shall be met. System	s snail be installed in accordance
				- 1
ISSUED TO: Combelled HT	hes the PROPERTY	LOCATION: 344	113 Rollins	RD
-/2	SUBDIVISIO	ON THE	reserve	LOT # _2/_
Facility Type:	_ New Expans	sion 🗆 Repair		<u></u>
Basement?  Yes  No Basement Fixtu	ures? 🗆 Yes 🔻 No			
Type of Wastewater System** 25% 128		to	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable $\square$ )	/		_ ()	
7520	govern-	(Repair)		
Installation Requirements/Conditions	Number of trenches Z	_(((c)u))		
Septic Tank Size 1000 gallons	Exact length of each trench	ZO feet	Trench Spacing:	Feet on Center
			1 0 9	
Pump Tank Size gallons	Trenches shall be installed on co		Soil Cover:	inches
	Maximum Trench Depth of: 32		(Maximum soil cover shall	
	(Trench bottoms shall be level t	0 +/-1/4"	36" above the trench bot	tom)
	in all directions)		,	
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
			Aggregate Depth: 2	inches above pipe
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	F 10FT FROM ANY PART OF S	EPTIC SYSTEM OR R	FPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI		LI IIC SISILM OK K	LI AIIV AIVLA.	
NO UTILITIES ALLOWED IN INITIAL OR RETAIN DI	AAIN FIELD ANEA.			
**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.				
5	n/ / // 71	EH5		
Authorized State Agent: Date: S-12-16  Construction Authorization Expiration Date: S-12-26				
Construction Authorization Expiration Date: $\Sigma = 12 - 21$				

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 52/4/3 Pollars RS

SUBDIVISION TITE RESCUE LOT # 7/2

Authorized State Agent: Date: 9-12-16



Reserve Dr