HTE#16-5-39488

Harnett County Department of Public Health

29036

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION:	100.55 Ca.500. Do	
ISSUED TO: CUMBERLAND HOME	5 INC SUBDIVISION BROWN	N KETH MEROOUS	LOT # NR
NEW X REPAIR \ \ \ EYDANGI		rovements required prior to Construction A	
Type of Structure: SED (56290)		orements required prior to construction A	utilonzation issuance.
Proposed Wastewater System Type: Pune To 25	59. RODUCTION STORM		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occu	pants: max		
Basement 🗆 Yes No			
Pump Required: ☐ Yes ☐ No ☐ May be requ	ired based on final location and elevations of fa-	cilities	
Type of Water Supply: Community Public Public	☐ Well Distance from well	feet Permit valid for	r: Five years
Permit conditions:			☐ No expiration
R. R. Da			
	000		
Authorized State Agent:	2645 Date: 9/28	SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site 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, .1 with the attached system layout.			
ISSUED TO: Combers of Property LOCATION: HARNET CENTRAL RO			
Facility Type: SFO (56 240) New SUBDIVISION BOINN KOTH MEADONS LOT # 18 Expansion Repair			
Basement? Yes No Basement Fixtures? Yes No			
Type of Wastewater System** Pump To 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD			
1366 HOLE DEROW IL ADDITICADIE 13		, , , , , , , , , , , , , , , , , , ,	
Pume	To 25% RED (Repair)		
Installation Requirements/Conditions	Number of trenches1	_	
Septic Tank Size 1000 gallons	Exact length of each trench 225	feet	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	a Soil Cover:	inches
8444	Maximum Trench Depth of: 18	77.54. 91.5 COMM - 94.0 PANY (10.0 H)	
	(Trench bottoms shall be level to +/-1/4"		
	in all directions)	36" above the trench	Dottom)
Pump Paguiramente: 64 TDU	,		
Pump Requirements:ft. TDH vs	_ Grii		inches below pipe
Conditions		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INC. URING TRANSPORTED TO			
WATER LINES (INCLUDING IRRIGATION) MUST E	E 10FT. FROM ANY PART OF SEPTIC SYS	TEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
**If applicable: / understand the system type specified	is different from the type specified on the	application I accept the specifications	of this normit
	is americal from the type specified on the	application. Taccept the specifications	or 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. SEE ATTACHED SITE SKETCH			
West M		1.1	
Authorized State Agent: Date: 120 16			
	Construction Authorization Ex	niration Date: 9 3	

Harnett County Department of Public Health Site Sketch

ISSUED TO: COMBERLAND HOMES INC SUBDIVISION BRIAN KEITH MEADONS LOT # 18 Authorized State Agent: 125 200' € 35° → House D8->4 40'

FARRAH SHEA WAY