HTE# 16-5-39 513

Harnett County Department of Public Health

29019

Improvement Permit

	PROPERTY LOC	ATION: 361 G	desil large la	-	
ISSUED TO: CUMBERLAND HOR	MES INC SUBDIVISION	CAROLINA	SERSONS	LOT # <u>80</u>	
NEW REPAIR TO EXPANSION			uired prior to Construction Author	ization Issuance:	
Type of Structure: SED (SO×50')		-			
Proposed Wastewater System Type: 25% RGC Projected Daily Flow: 480 GPD	MONIAN - DUEW				
Projected Daily Flow: GPD Number of bedrooms: Wumber of Occupa	ants: 8 max		100.00	720	
Basement 🗆 Yes 🔀 No	ilits iliax				
(1	ed based on final location and elev	vations of facilities	100 x 1 x		
Type of Water Supply: Community Public			Permit valid for:	Five years	
Permit conditions:	W-100-4-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2			☐ No expiration	
Australiand State Assault	REHS Date:	2/14/10	CET ATT	ACHED CITE CHETCH	
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarant		9 14 16		ACHED SITE SKETCH	
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	anges. The Improvement Permit shall not be	affected by a change in owne	rship of the site. This permit is subject to	compliance with the provisions of	
	Construction Au	ıthorization			
	(Required for Build				
The construction and installation requirements of Rules .1950, .1952, .1952 with the attached system layout.	i4, .1955, .1956, .1957, .1958. and .1959 :	are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance	
ISSUED TO: CUMBERLAND HOMES INC PROPERTY LOCATION: 361 GREEN LINKS De SUBDIVISION CAROLINA BEASONS LOT # 80					
Facility Type: SCO (50×50) New Expansion Repair					
Basement? Yes No Basement Fixtu	ıres? 🗆 Yes 💢 No				
Type of Wastewater System**	TOKE MOISSUA	EW	(Initial) Wastewater Flow:	480 GPD	
(See note below, if applicable □)	0 6				
	ReD. 545.	(Repair)			
Installation Requirements/Conditions	Number of trenches		9		
Septic Tank Size 1000 gallons	Exact length of each trench 1		Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on				
	Maximum Trench Depth of:		(Maximum soil cover shall r		
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bott	om)	
D	in all directions)			Y Y Y Y Y Y Y	
Pump Requirements:ft. TDH vs	_ GPM		A D	inches below pipe	
Conditions			Aggregate Depth:	The same and the same	
Conditions:	380.00			inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BI	E INCT EDOM ANY DART OF	CEDTIC CVCTEM OD D	CDAID ADEA	 	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE		DEFIIC SISIEM UK K	EFAIR AREA.		
		7.1 xxxxxx 22 24.5x 11.1x			
**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:	ner/Legal Representative Signature:				
Construction Authorization is subject to example in 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					
	The same of senage reculificity at		. \ \		
Authorized State Agent: Date: 9 12 16					
	Construction Author	rization Evniration D	oto: 911412)		

Permit # 29019

Harnett County Department of Public Health Site Sketch

ISSUED TO: CHORESERVANO HOMES REMS (OLIVER TOLKSDON) Date: Authorized State Agent: NYS 106' 240 PAT) 0 D HOUSE EREEN LINKS DR