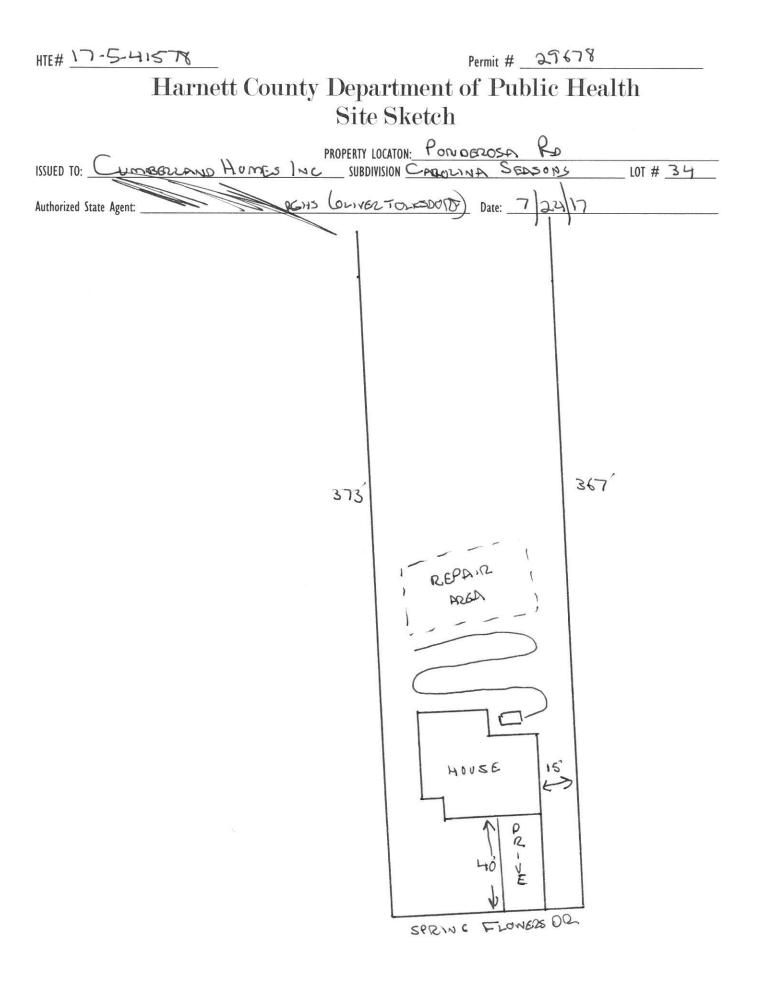
HTE# 17-5-41578

Harnett County Department of Public Health

| Im | provement | Permit |
|----|-----------|--------|
| | | |

| <u>iniprovement Permit</u> | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| A building permit cannot be issued with only an Improvement Permit | |
| PRODERTY IOCATION. POR OFO MEN NO | |
| ISSUED TO: CUMBERLAND HOMES INC SUBDIVISION CAROLINA SEASONS | LOT # 34 |
| NEW REPAIR REPAIR STATES PANSION Site Improvements required prior to Construction Authorization | |
| Type of Structure: SED (37×99) | |
| Proposed Wastewater System Type: Conversional Projected Daily Flow: 480 GPD | |
| Projected Daily Flow: GPD GPD | |
| Number of bedrooms: Number of Occupants: max | |
| Basement 🗆 Yes 🕞 No | |
| Pump Required: 🛛 Yes 🖉 No 🔅 May be required based on final location and elevations of facilities | |
| Type of Water Cumply Community NC OLL' UNIT D' COMMUNICATION OF COMMUNICATIO | Five years |
| Parmit conditioner | No expiration |
| | no expiration |
| | |
| Authorized State Agent: Date: 7 24 17 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 mating | 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 nermit is subject to complian | ce with the provisions of |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. | |
| | |
| Construction Authorization | |
| | |
| 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 | |
| with the attached system layout. | installed in accordance |
| | |
| ISSUED TO: CURRENCE HOMES LNC PROPERTY LOCATION: PONDEROSA RO SUBDIVISION CAROLINA SEASONS | |
| Facility Type: 650(37249) SUBDIVISION CAROLINA SOASONS | LOT # 35 |
| Facility Type: SFO(37-49) X New D Expansion D Repair | |
| Basement? 🗆 Yes 🕞 No 🛛 Basement Fixtures? 🗀 Yes 🔅 No | |
| Type of Wastewater System** CONTIONAL (Initial) Wastewater Flow: 48 | O GPD |
| (See note below, if applicable) | |
| | |
| (····································· | |
| Installation Requirements/Conditions Number of trenches 1 | |
| Septic Tank Size LOOO gallons Exact length of each trench LOO feet Trench Spacing: Feet Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: Gallons | on Center |
| Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: 3-2-6 inches | |
| Maximum Trench Depth of: 36.10 inches (Maximum soil cover shall not exc | |
| (Trench bottoms shall be level to $+/-1/4$ " 36" above the trench bottom) | eed |
| | eed |
| | eed |
| in all directions) | |
| in all directions) | |
| Pump Requirements:ft. TDH vs GPMAggregate Depth: | inches below pipe inches above pipe |
| Pump Requirements: | |
| in all directions) Pump Requirements:ft. TDH vs GPM Conditions: | inches below pipe inches above pipe |
| Pump Requirements: | inches below pipe inches above pipe |
| Pump Requirements:ft. TDH vs GPMAggregate Depth: | inches below pipe inches above pipe |

| **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. | SEE ATTACHED SITE SKETCH |
| Authorized State Agent: Date: Date: | 224 27 |



| Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section | | | P L | heet: roperty ID: ot #: ile #: | | ſ | | | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|
| SOIL/SITE EVALUATION Code: for ON-SITE WASTEWATER SYSTEM | | | | | | | | | |
| Locatio Water Evalua | | : Auge | Date I Desig Prope Public In | Evaluated: '7) २२७) n Flow (.1949): 'F rty Recorded: ndividual W Pit Industrial P | Cut | ze: | ner | | |
| P R O F I .1940 | | 40 | | DRPHOLOGY OTHER 1941 PROFILE FACTORS | | 1 | | | |
| L E # | Landscape Position/ Slope % | Horizon Depth (In.) | .1941 Structure/ Texture | .1941 Consistence Mineralogy | .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|) | 15 5-7 | 0-454 | GS | VITE NOT NOT | | | | | 5.8 |
| | | | | | | | | | |
| 5 | | 0-48 | 65 | VAS NUSAP | | | | | 5.8 |
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| Description | Initial | Repair System | Other Factors (.1946): |
|-------------------------|---------|---------------|-------------------------------|
| | System | 1 | Site Classification (.1948):5 |
| Available Space (.1945) | N N | | Evaluated By: CY |
| System Type(s) | CO | N) | Others Present: — |
| Site LTAR | .8 | . ~ | |