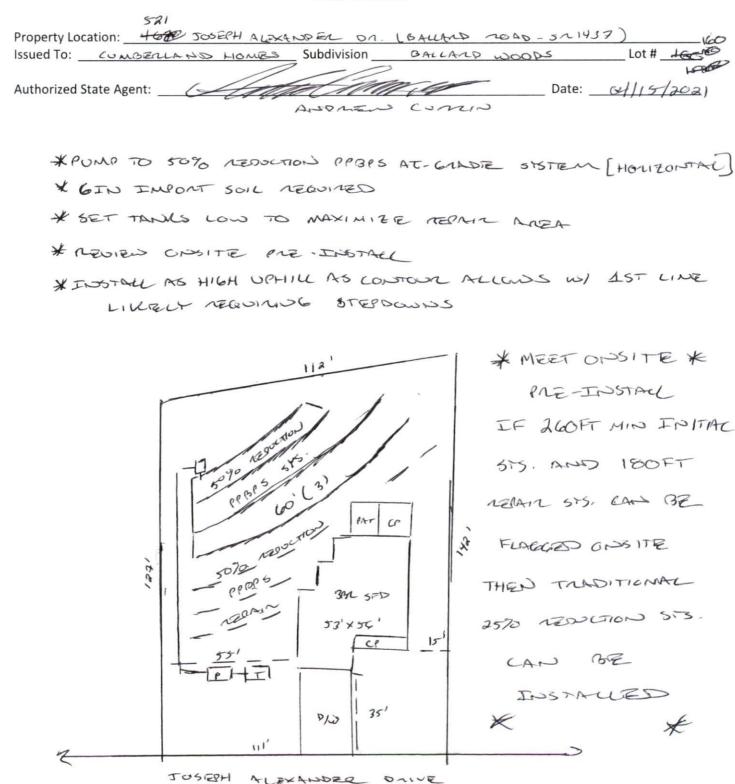
## Harnett County Department of Public Health

## Improvement Permit

A Dulluling	PROPERTY LOCATION: 521 JOSEPH ALEXANDER	Dr. / BALLMO RO
ISSUED TO: CUMBERLAND HOMES	SUBDIVISION BALLAND WOODS	101 # 15916
NEW ☑ REPAIR ☐ EXPANSION ☐	Site Improvements required prior to Construction Author	rization Issuance:
Type of Structure: 3-5 Encore 53'x56' 575		
Proposed Wastewater System Type: 25% 12000TH	5N	
Projected Daily Flow: 366 GPD		
Number of bedrooms:3 Number of Occupants:	6 max	
Basement Yes No		
	on final location and elevations of facilities	
Type of Water Supply: Community Public We	Distance from well \( \sum_k \) feet \( \text{Permit valid for:} \)	Five years
Permit conditions:		■ No expiration
The state of the s	TA 222 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TACHED SITE SVETCH
Authorized State Agent::	Date: SEE ATT  uance of other permits. The permit holder is responsible for checking with appropriate governing bodies in	ACHED SITE SKETCH
	Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this pe		415573#GASBESS - 465546004000 #EACHINGESON DEV
	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. System	s shall be installed in accordance
with the attached system layout.	, ,	
		5-143
ISSUED TO: COMBENIANO HONES	PROPERTY LOCATION: 521 JOSEPH ALEXANDE	
	SUBDIVISION BALLAND WOODS	LOT # 15916
Facility Type: 3-51 53'x56 '555	New Expansion Repair	(ACC)
Basement? Yes No Basement Fixtures?	Yes No	
	OCTION PCBC 6 53. (Initial) Wastewater Flow:	360 GPD
(See note below, if applicable )		
	N PEBES (Repair)	
	er of trenches 3	
	length of each trench 60 feet Trench Spacing: 9	Feet on Center
0	es shall be installed on contour at a Soil Cover:	
	um Trench Depth of: 14 inches (Maximum soil cover shall	
(Trenc	h bottoms shall be level to $\pm 1/4$ " 36" above the trench bot	ttom)
in all	directions)	
Pump Requirements:ft. TDH vsGPM	_ ~~	inches below pipe
	Aggregate Depth:	inches above pipe
Conditions: PUMP TO MESIUM D-1	BOX EGUAL DISTRIBUTION	MA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT	FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F	IELU AKEA.	
**If applicable: 1 understand the system type specified is differ	rent from the type specified on the application. I accept the specifications of	this permit.
Owner/Legal Representative Signature:	Date:	
	intended use changes. The Construction Authorization shall not be transferred when there is a change in	
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.	ATTACHED SITE SKETCH
Authorized State Agent:	Date: 04/15/202	1
	Construction Authorization Expiration Date: 641151263	1

## Harnett County Department of Public Health Site Sketch



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

ALEXANDER DRIVE