Harnett County Department of Public Health

Improvement Permit

	PROPERTY LOCATION: 582 W. CONZ 10AD (SN 1800)
ISSUED TO: COMBERLADS HOMES FOC.	
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-BED 7000M GO'XG5' SID Proposed Wastewater System Type: 25% NEDWORD STS.	
Projected Daily Flow: GPD	
Number of bedrooms:3 Number of Occupants:C	max
Basement Yes No	
Pump Required: Yes No May be required based on final	location and elevations of facilities
Type of Water Supply: Community Public Well Dist	
Permit conditions:	No expiration
Authorized State Assets ()	Date: 06/61/2021 SEE ATTACHED SITE SKETCH
Authorized State Agent:	ther permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	ent 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.	
Const	truction Authorization
<u>(R</u>	Required for Building Permit)
with the attached system layout.	57, 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: 582 W. CONZ NOND (SN 1806) SUBDIVISION LOT # 4
Facility Type: 3-51 CO'x C5-1 S New Basement? Yes No Basement Fixtures? Yes	
(See note below, if applicable)	
25% TENOTON S	TSTIEN (Repair)
Installation Requirements/Conditions Number of tree	nches 3
Septic Tank Size 1000 gallons Exact length o	f each trench 90 feet Trench Spacing: 9 Feet on Center
Pump Tank Sizegallons Trenches shall	be installed on contour at a Soil Cover:inches
Maximum Tren	ch Depth of:inches (Maximum soil cover shall not exceed
(Trench bottom	ns shall be level to +/-1/4" 36" above the trench bottom)
in all direction	
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions: GRAVITY TO D-BOX EGUA	L DISTRIBUTION NA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	tta.
**If applicable: / understand the system type specified is different from	n the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	se 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	or Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 06/01/2021
	istruction Authorization Expiration Date: 64/61/2626

Harnett County Department of Public Health Site Sketch

