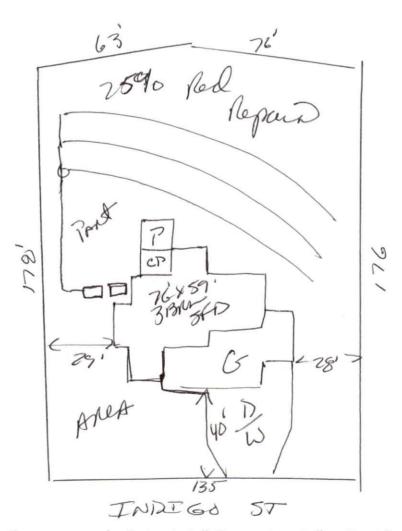
App#<u>SFD 230</u>3-6082 222 IND[60 57

Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement	Permit No -01 - 1 - 1 - 1 - 1
Company C.	PROPERTY LOCATION: OC 151	3 Wealls Creek PD
ISSUED TO: OTTOGET CHASTE	Momes SUBDIVISION South Cre	COLUMN TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T
NEW REPAIR EXPANSION	Site improvements req	quired prior to Construction Authorization Issuance:
Type of Structure: Proposed Wastewater System Type: 25% 7	201107A	
Proposed Wastewater System Type: 25% 73500000 Projected Daily Flow: 360 GPD		
Number of bedrooms:		
Basement Tres No		
	red based on final location and elevations of facilities	
	☐ Well Distance from wellfeet	Permit valid for: Five years
Permit conditions:		■ No expiration
	15 7 11 1	
T M	JAR TOSHS	
Authorized State Agent: Date: 4-13-73 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 condition		or the steel vital permit is subject to comprising that the provision of
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. Systems shall be installed in accordance		
with the attached system layout.		
ISSUED TO: Cumberland Homes Toc PROPERTY LOCATION: Sx 1513 Next 15 Cuck 20 SUBDIVISION _ JOUR LIER		
SUBDIVISION SouthCreak, LOT # 88		
Facility Type:	New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes No		
Type of Wastewater System** 25% 17800	urus sustion	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	/	
25%/50%	(Repair)	
Installation Requirements/Conditions	Number of trenches	S
Septic Tank Size 1000 gallons	Exact length of each trench 100 feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover: 6 inches
	Maximum Trench Depth of: 20->18 inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
2 1011 12		Aggregate Depth: 2 inches above pipe
Conditions:		inches total
Conditions.		
WATER LINES (INCLUDING IRRICATION) MILET	OF LOCK FROM ANY DARK OF SERVIC SYSTEM OR	DEDAID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	KAIN FIELD AKEA.	
**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: 4-13-29		
Authorized State Agent: Date: 4-13-29 Construction Authorization Expiration Date: 4-13-28		

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.