HTE# 09-5-21799

Harnett County Department of Public Health

25308

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CUMBERZAND HOMES INC SUBDIVISION ASHEFORD Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: CONVENTIONAL Projected Daily Flow: ___ Number of Occupants: _ 6 Number of bedrooms: Basement 🗆 Yes 🔀 No Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community
Public
Well Distance from well
Feet Permit valid for: Permit conditions: ■ No expiration 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 conditions of this permit. 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 PROPERTY LOCATION: MARKS RD
SUBDIVISION PSHEFORD ISSUED TO: CUMBERLAND HOMES INC Facility Type: SFO(42×58') New ☐ Expansion ☐ Repair Basement? Yes No Basement Fixtures? Yes No CONVENTIONAL (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) Conversional (Repair)

Number of trenches 3 Installation Requirements/Conditions Septic Tank Size 1000 gallons Exact length of each trench 50 Trench Spacing: _____ Feet on Center Pump Tank Size _____ gallons Soil Cover: 6-18 Trenches shall be installed on contour at a Maximum Trench Depth of: 18-30 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) inches below pipe inches above pipe Pump Requirements: ______ft. TDH vs. ____ GPM Conditions: **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: 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 provision of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: ____ Construction Authorization Expiration Date:

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Permit # <u>25308</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: MARKS RD	
ISSUED TO: CUMBERLAND HORES INC	SUBDIVISION ASHEFORD	LOT # <u>/</u> シ/
Authorized State Agent:	PS (OLIVER TOLKSDORF) Date: 4/8/09	

