HTE# 10-5-24947

Harnett County Department of Public health

Improvement Permit

26245

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS RD ISSUED TO: CUMBERLAND HOMES INC SUBDIVISION ASHEFORD NEW 🗵 Site Improvements required prior to Construction Authorization Issuance: SFO(55" XH Type of Structure: Proposed Wastewater System Type: Comercional Projected Daily Flow: 360 GPD Number of Occupants: 6 max Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities Pump Required: ☐Yes Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: Five years Permit conditions: ☐ No expiration REAS Date: 8 17 10 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 with the attached system layout. ISSUED TO: CUMBERZAND HOMES INC PROPERTY LOCATION: MARKS RO SUBDIVISION ASKEFORD LOT # 25 New 🗆 Expansion 🗆 Repair Basement Fixtures?
Yes No GPD (Initial) Wastewater Flow: 360 Type of Wastewater System** CONVENTIONAL (See note below, if applicable □) CONVENTIONAL (Repair) Installation Requirements/Conditions Number of trenches Exact length of each trench 340 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 12 inches Maximum Trench Depth of: _ &4 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 Aggregate Depth: ____ 12 ___ 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 FIELD AREA. **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 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: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

Authorized State Agent: PROPERTY LOCATON: MARKS RO

PROPERTY LOCATON: MARKS RO

LOT # 3.5

