## Harnett County Department of Public nealth **Improvement Permit**

27541

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS RO ISSUED TO: CUMBERLAND HOMES INC SUBDIVISION ASHERORD NEW 🔀 REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD (44) >51) Proposed Wastewater System Type: Pump To 25% REDUCTION Projected Daily Flow: 480 GPD Number of Occupants: 8 max Number of bedrooms: Basement Yes No Pump Required: \(\sigma\)(es ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply: 

Community 

Public 

Well Distance from well 

O Five years Permit valid for: Permit conditions: ■ No expiration PEHS Date: The issuance of this permit by the Health Department in no way guarantees the issuance of the 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: CUMBGREAUS HOMES INC PROPERTY LOCATION: MARKS RD SUBDIVISION ASMEFORD LOT # 54 Facility Type: SED (CALANCE) New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No Basement Fixtures? 
Yes No
Pump To 25% REDUCTION System (Initial) Wastewater Flow: 480 GPD Type of Wastewater System\*\* (See note below, if applicable ) Pume To 25% Repution (Repair) Installation Requirements/Conditions Number of trenches Trench Spacing: 9 Feet on Center Soil Cover: 6-12 inches Exact length of each trench 75 feet Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18 27 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: inches above pipe 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 evocation 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 CFF ATTACHEN SITE SKE 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 Construction Authorization Expiration Date: 730 Authorized State Agent:

## HTE#13-5-3 641 Harnett County Department of Public realth **Improvement Permit**

27541

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCA	TION: MPRICES	Ri	
ISSUED TO: Cumposterio hiones	SUBDIVISION _	ASHGEORD		LOT # 5L)
NEW ≅ REPAIR □ EXPANSION □		Site Improvements requ	uired prior to Construction Autho	rization Issuance:
Type of Structure: STO (HLIZE)				
Proposed Wastewater System Type: Pomp To 25%	KOULTIAN			
Projected Daily Flow: GPD GPD	1.7			
Number of bedrooms: Number of Occupants:	max			
Basement Tyes No				
	ased on final location and eleva		B	₩
Type of Water Supply: ☐ Community ☐ Public ☐	Well Distance from well	teet	Permit valid for:	Five years
Permit conditions:				☐ No expiration
Control of the Contro				
Authorized State Agent::	QGMS Date:	7 30/13	CEF AT	TACHED 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 Build			
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: Comeans Hones	PROPERTY	LOCATION: Y	SKS KD	
,	SUBDIVISIO	orancea N	RD	LOT # 54
Facility Type: New Expansion Repair  Basement? Yes No Basement Fixtures? Yes No				
Type of Wastewater System** Pump To 25% Recursion System (Initial) Wastewater Flow: 480 GPD				
(See note helew if applicable [])				
See note below, if applicable Deline To 257	- REDUCTION	(Panair)		
Installation Requirements/Conditions Num	nber of trenches	-(nepair)		
	ct length of each trench	30 Cleen	Trench Spacing:	Foot on Contor
	nches shall be installed on			inches
rump rank size gamons frei	imum Trench Depth of:			
			(Maximum soil cover shall	
	nch bottoms shall be level t	0 +7-174	36" above the trench bo	ttom)
	all directions)			
Pump Requirements:ft. TDH vs GP	M			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:		College & Committee of the College o		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 analisables I understand the system type specified is de	Harant from the time energy	ed on the application	I accent the energifications of	this narmit
**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:				
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.				
Authorized State Agent: Date: 7/30/13				
Construction Authorization Expiration Date:				

HTE# 13-5-3164)

Permit # 2754]

## Harnett County Department of Public Health Site Sketch

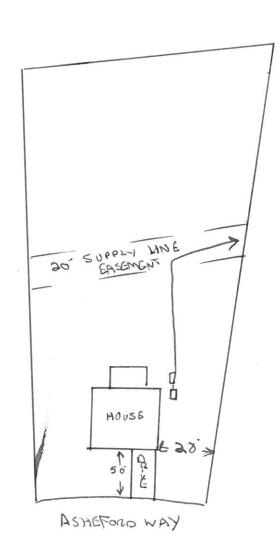
Authorized State Agent:

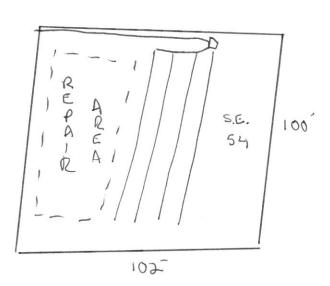
PROPERTY LOCATON: MARKS RO

SUBDIVISION ASHEFORD

LOT # 54

REHS OLIVER TOLKSDORD Date: 7 30 13





HTE# 13-5-31641)

Permit # 27541

## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: MARKS RS

LOT # 54

Date: 7 30 13

