

IMPROVEMENT PERMIT

00-50000663

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Cumberland Homes New Installation Septic Tank
Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Peach Tree III Lot # 135

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

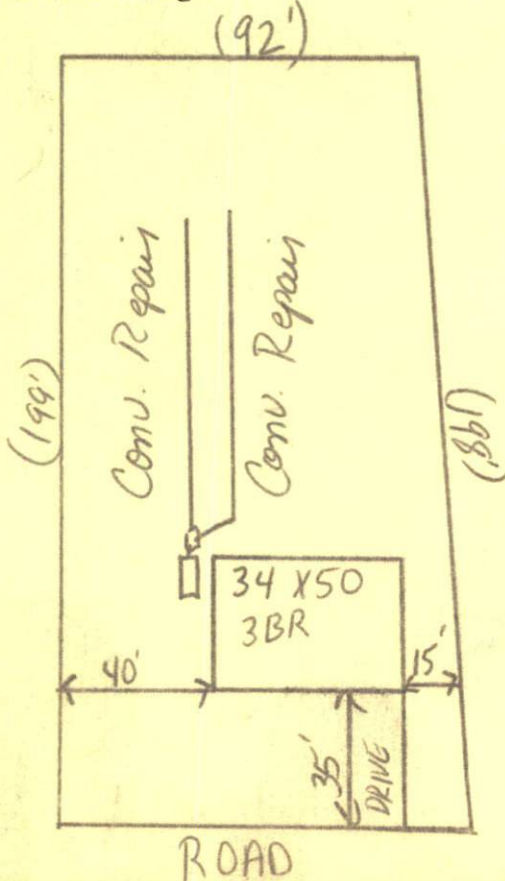
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length 80 ft. width of 3 ft. depth of 18-24 in. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 16 Nov 2009
Signed: Vernon R. Noy R.S.
Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.



*maintain setbacks
*manholes & filter required

HAR T COUNTY HEALTH DEPART NT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16810 ⁰⁰⁻⁵⁰⁰⁰¹⁶³. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent _____

Name: Cumberland Homes Telephone # 892-4345

Address: PO Box 727 Dunn, NC

Property Location: SR # 1115 Road Name Buffalo Lake

New Installation Repair Septic Tank Nitrification Lines

Subdivision Peach Tree III Lot # 135

Number of Bedrooms Proposed: Three Lot size: _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 80 feet

Width of ditches 3 ft. Depth of ditches 18-24 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: Vernest R. [Signature] RS Date: 16 Nov 2000