

IMPROVEMENT PERMIT

02-5-4694

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 Home New Installation Septic Tank
Property Location: SR# 1108 Repairs Nitrification Line

Subdivision Yorkshire Plantation Lot # 49

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (43x50) Lot Size: .63 ac

Basement with Plumbing: Garage: STUB OUT Plumbing shallow
Water Supply: Well Public Community MAINTAIN ALL SET BACKS
Distance From Well: 55 ft. meet on site Do not Drive or park on septic system

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

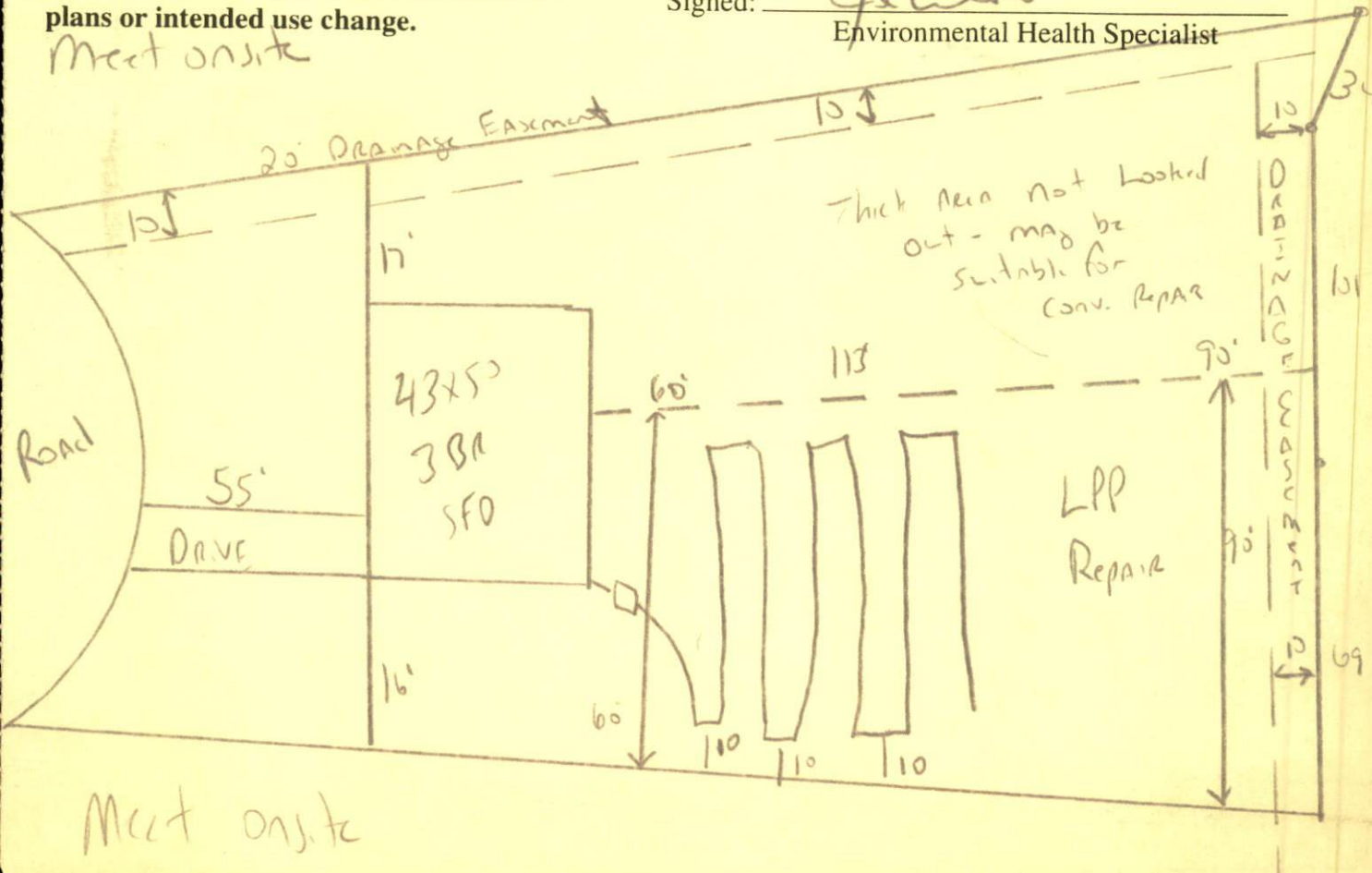
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 5-28-02

Signed: Jewell
Environmental Health Specialist

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



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19451. 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.

Cumberland Home 892-4345
Name Telephone #

Address

1108
Property Location SR#

Yorkline 49 3(43x50) 63 ac
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 24 Ft.

Width of ditches 3 ft. Depth of ditches 18 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.

[Signature] 5-28-02
Signature of Authorized Agent for Harnett County Date