HTE# 09-5-22235R

Harnest County Department of Public realth

25570

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS RO JASON PRICE CONSTRUCTION SUBDIVISION ASHEFORD NEW X Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD (42×60 Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: ____ max Basement Yes No Pump Required:

Yes

No

May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well

feet Five years Permit valid for: Permit conditions: ■ No expiration 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: JACON PRICE CONSTRUCTION PROPERTY LOCATION: SUBDIVISION ASHEFORD LOT # \\ Facility Type: SFD (H2'×60') Mew Expansion Repair Basement?

Yes No Basement Fixtures?

Yes No

Type of Wastewater System**

DENO REDUCTION SYSTEM (Initial) Wastewater Flow: 360 (See note below, if applicable

) PPBPS (m) PRESSURE MANIFOLD)(Repair) Installation Requirements/Conditions Number of trenches Exact length of each trench 200 Septic Tank Size 1000 gallons Soil Cover: Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18 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 Conditions: THIS PERMIT BASED ON A PROPOSAL FROM APPLICANT'S **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 in 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 a compliance with the provision of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 7 3114

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Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: MARKS RO ISSUED TO: JASON PRICE LOT # _/\\ renstanction 85 (OLIVER TOLKSDORS) Date: 73109 Authorized State Agent: 95′ 170 4153 DR->H 35

WYNNGATE DR.