HTE#09-5-22992

Harnett County Department of Public Health

25597

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ν	PROPERTY LOCA	ITION: MARKS R	<u> </u>		
ISSUED TO: KENNERY CUMMINGS	SUBDIVISION _	ASHFORD		LOT # 70	
NEW REPAIR C EXPANSIO	N \square	Site Improvements red	quired prior to Construction Autho	rization Issuance:	
Type of Structure: SFO (48 ASO)					
Proposed Wastewater System Type: 25% REDU	CV ON				
Projected Daily Flow: 360 GPD	1				
Number of bedrooms: Number of Occup	ants: max				
Basement Yes No					
Pump Required:	red based on final location and eleva	ations of facilities		>/-	
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	teet	Permit valid for:	Five years	
retine conditions.				☐ No expiration	
Authorized State Agent::	REHS Date:	10/20/09	(CE AT	TACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guaran		t holder is responsible for the	cking with annronriate governing hodies i	NACTED SHE SKEICH	
site is subject to revocation if the site plan, plat, or the intended use cl	hanges. The Improvement Permit shall not be	affected by a change in owner	rship of the site. This permit is subject to	compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit	, ,	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Construction Au	thorization			
	(Required for Build				
The construction and installation requirements of Rules .1950, .1952, .19	1954, 1955, 1956, 1957, 1958, and 1959 a	re incornorated by references	into this nermit and shall be met System	s shall be installed in accordance	
with the attached system layout.	, , ,	re meriporates 27 tererences	me and shan be mee system	s shall be histalled ill accordance	
ICCUED TO K-			0		
ISSUED TO: KENNETH CUMMINGS					
Facility Type: SFO(A8450)	\ <i>\</i>	ON ASH FORE)	LOT # <u>_70</u>	
, , ,		sion 🗌 Repair			
	ures? 🗆 Yes 🗆 🗷 No				
Type of Wastewater System** 25% REDI	UMION SYSTEM		(Initial) Wastewater Flow:	<u>360</u> GPD	
(See note below, if applicable □)	.				
Pump 10 25	% REDUCTION SYSTEM	<u>∧</u> (Repair)			
Installation Requirements/Conditions	Number of trenches		_		
Septic Tank Size 1000 gallons	Exact length of each trench	180 feet	Trench Spacing:9	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on co	ontour at a		inches	
·	Maximum Trench Depth of:		(Maximum soil cover shall		
	(Trench bottoms shall be level t		36" above the trench bot		
	in all directions)	• • • • • • • • • • • • • • • • • • • •	30 above the trench bot	tomj	
Pump Requirements:ft. TDH vs.				inchae halaw mina	
	_ 0111		Aggregate Denth.	inches below pipe	
Conditions: Wares I was Muse RE	10' Francisco	Burns M.	Aggregate Depth:	• •	
Conditions: WATER LINE MUST BE MAN ENCROACH ON INITIAL	TO PLOS S DOCO	- N21EW . 110		inches total	
THY CHARGE ON INTIME	OIL LEPHIC MOEN	•			
the result of th					
**If applicable: / understand the system type specified	is different from the type specifie	ed on the application.	I accept the specifications of	this permit.	
Owner/Legal Representative Signature:			Date:		
This Construction Authorization is subject to revocation if the site plan, pl	at, or the intended use changes. The Construc	tion Authorization shall not b	e transferred when there is a change in o	wnership of the site. This	
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and	d Disposal and to the condition	ns of this permit. SEE	ATTACHED SITE SKETCH	
			WHITE ON THE COLUMN TO THE COL		
Authorized State Agent: Date: 1020/09					
Construction Authorization Expiration Date: 10/20/14					
	constitution addition	Ladon Expiration De			

HTE#	<u>09-</u>	5-20	2992
------	------------	------	------

Permit # <u>25597</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: MARKS RO	
ISSUED TO: KENNETH CYMMINGS	SUBDIVISION ASHFORD	LOT # 70
Authorized State Agent:	REHS (OLIVERZ TOLKSDORF) Date: 10 20 09	

