HTE# 10-5-23992

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS RO ISSUED TO: HM. KEM PIERCE INC SUBDIVISION ASHEROZO REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD (49'x48') Proposed Wastewater System Type: Pump To 25% REDUCTION SYSTEM Projected Daily Flow: Number of Occupants: 6 Number of bedrooms: 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 100 feet Permit valid for: Five years 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: Wm. KEMPIERCE INC PROPERTY LOCATION: MARKS RO SUBDIVISION ASHEFORD TO1 # 132 Facility Type: SFD(49'x48') New Expansion Repair Basement?
Yes No Basement Fixtures?
Yes Type of Wastewater System** Pume To 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD (See note below, if applicable Pump To 25% REDUCTION SYSTEM (Renair) Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 gallons Exact length of each trench \(\) \(\) \(\) \(\) feet Trench Spacing: _____ Feet on Center Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 12 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 _____ inches above pipe Aggregate Depth: Conditions: Minimum OF G"GF COVER NEEDED OVER PRAINFIELD. WATER inches total
LINE MUST BE LO FROM SEPTIC SYSTEM. No UTILITIES MAY ENCROPOR ON NITIAL OR REPAIR AREAS. **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 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 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 Authorized State Agent: _

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

MARKS RD PROPERTY LOCATON:_ ISSUED TO: WM. KENT PIERCE INC. LOT # 125 Authorized State Agent: _ 100 CHADWICK LN PUMP TO REDUCTION 180 49 x 48 € 30 = MC-DD 40

LOCKWOOD DR