HTE# 10-5.24497 Harnett County Department of Public Health

26128

Improvement Permit

-	annot be issued wi PROPERTY LOCI	ith only an Improveme ATION:MARX	nt Permit	
ISSUED TO: KENNETH CUMMINGS		ASHFORD	5 40	LOT # 40
NEW X, REPAIR D EXPANSION D Type of Structure: SFO (49×55-)			required prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: 25% REDUCTION ST			-	
Projected Daily Flow: 360 GPD	STEM			
Number of bedrooms: <u>3</u> Number of Occupants: 6	max			
Basement Tyes No				
Pump Required: 🗆 Yes 🔁 No 🖂 May be required based on final	l location and eleva	ations of facilities		· · · · · · · · · · · · · · · · · · ·
Type of Water Supply: Community X Public Well Dist Permit conditions:	tance from well $\underline{\lambda}$	00 feet	Permit valid for:	Five years
111 10-				No expiration
Authorized State Agent:	Date: _	6 16 10	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of ot site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	her permits. The permit nt Permit shall not be	t holder is responsible for c	ecking with appropriate governing bodies in	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ne i ci mit sindir not pe i	arrected by a change in ow	nership of the site. This permit is subject to	compliance with the provisions of
Const	ruction Au	thorization		
(R)	equirad for Ruildi	ng Darmit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	7, .1958. and .1959 are	e incorporated by reference:	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: KENNESH CUMMINGS	PROPERTY	LOCATION: M	ARKS RD	
	SUBDIVISIO	N ASHFOR	Q	LOT # 40
inch		ion 🗆 Repair		
Basement? □ Yes ▷K No Basement Fixtures? □ Yes Type of Wastewater System** <u>みちぐ。 REDUCTION</u>	X No			
(See note below, if applicable \square)	JUSTER	<u>n</u>	(Initial) Wastewater Flow: _	<u>360</u> GPD
25% REDUCTION	DYSTEM	(0 :)		
Installation Requirements/Conditions Number of trend	that 4	_(kepair)		
	each trench 5	feet	Truck Cont 9	
D T (C)	e installed on cor		Trench Spacing: <u>9</u> Soil Cover: 8 in	
Maximum Trench		20 inches	(Maximum soil cover shall no	iches
	shall be level to		36" above the trench botto	
in all directions)			Jo above the trench bollo	,
Pump Requirements:ft. TDH vs GPM				inches below pipe
Conditions WISTER LANG M O - 10'-		-	Aggregate Depth:	inches above pipe
Conditions: WATER LINE MUDT BE 10'F UTILITIES MAY ENCROACH ON INI	eom SEP	TIC SYSTEM	No	inches total
THE INT LINCROACE ON INI	TIAL OR	REPAIR AD	<u>A</u>	
** If applicable: / understand the system time specified in Sill	4			
**If applicable: I understand the system type specified is different from a	the type specified	on the application.	I accept the specifications of thi	is permit.
-				

Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the in-	tended 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 manifinger at the Law	
Construction Authorization is subject to compliance with the provisions of the Laws and	d Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
UMI I I I	
Authorized State Agent:	
	REH3 Date: 6/16/10
	Construction Authorization Expiration Date: 6/16/15

