HTE# 11-5-26109

Harnett County Department of Public Health

Improvement Permit

26485

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS KD ISSUED TO: MARKEY PLACE BUILDERS SUBDIVISION ASHFORD NEW 🔀 REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED (65×60°) Proposed Wastewater System Type: Conventional Projected Daily Flow: __ 480 GPD Number of bedrooms: Number of Occupants: 8 Basement □Yes 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 Community feet Permit valid for: Five years Permit conditions: ☐ No expiration 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: MARKEY PLACE BUILDERS PROPERTY LOCATION: MARKS RO SUBDIVISION ASHFORD LOT # 33 Facility Type: 5065260) New 🗆 Expansion 🗀 Repair Basement? ☐ Yes 🔀 No Basement Fixtures? ☐ Yes 🔀 No |型 NO | Ly 8 | Control | Ly 8 | Contro CONVENTIONAL Type of Wastewater System** (See note below, if applicable □) DUNGULUSINO **Installation Requirements/Conditions** Number of trenches Exact length of each trench 67 feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: 6 inches Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: \\ \nabla \\ \rightarrow \rig (Maximum soil cover shall not exceed (Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM C_____ inches below pipe 2 ____ inches above pipe Aggregate Depth: __ Conditions: THISPERMY BASED ON A PROPOSAL FROM APPLICANTS inches total SOIL CONSULTANT WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **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 proxisions 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:

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Harnett County Department of Public Health Site Sketch

