HTE# 12-5-28971

Harnett County Department of Public Health

Improvement Permit

27057

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS KD CUMBERLAND HOMES SUBDIVISION ASHEFORD NEWX EXPANSION REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SED(56'X40' Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360 Number of bedrooms: Number of Occupants: Basement Yes Pump Required: ☐Yes ☐ 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 RENS Date: 5 31 12 Authorized State Agent:: 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: CUMBERZAND HOMES PROPERTY LOCATION: MARKS RD SUBDIVISION ASHEFORD _____ New 🗆 Expansion 🗆 Repair Basement Fixtures?
Yes No
Signature Type of Wastewater System** (See note below, if applicable) 25% REDUCTION SYSTEM (Repair) Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 gallons Exact length of each trench 180 feet Pump Tank Size gallons Soil Cover: 12-24 Trenches shall be installed on contour at a Maximum Trench Depth of: 24-36 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: 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 size 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 baws 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

