HTE# 12-5-27206

Harnett County Department of Public Health

Improvement Permit

27069

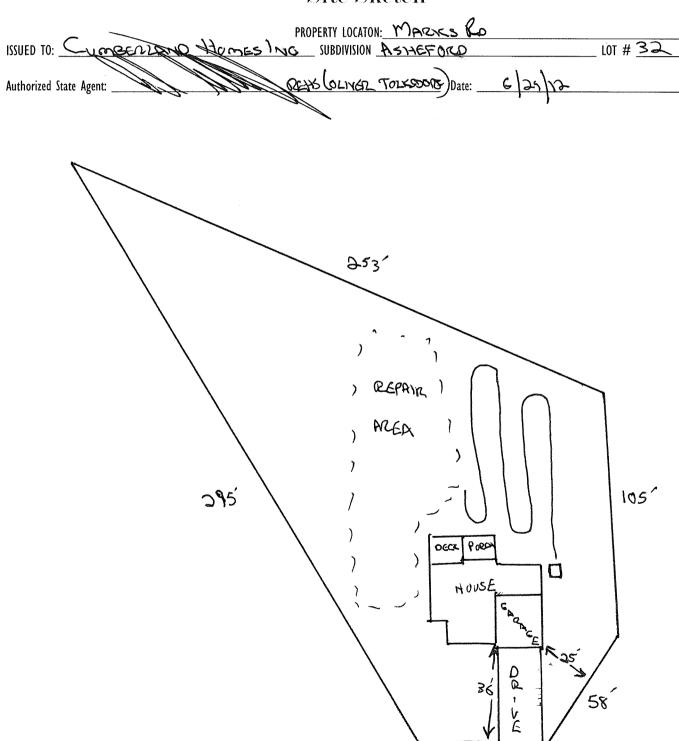
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS RO Homes Inc SUBDIVISION ASHEFORD ISSUED TO: CUMBERLAND EXPANSION 🗆 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFO (497347) Proposed Wastewater System Type: 25% REDUCKION SYSTEM Projected Daily Flow: 480 GPD Number of bedrooms: Number of Occupants: 8 Basement TYes × No ☐ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:

Community Public Well Distance from well 100 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, .1951, .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: CUMBERLAND HOMES INC PROPERTY LOCATION: MARKS CO SUBDIVISION ___ Facility Type: SFO (49'x47) | X | New | Expansion | Repair

Basement? | Yes | Xho | Basement Fixtures? | Yes | Xho

Type of Wastewater System** | 25% REOUCTION STOTEM | (Initial) Wastewater Flow: 480 (See note below, if applicable □) 25% REDUCTION Number of trenches 1 Installation Requirements/Conditions Exact length of each trench _&\subseteq 0 feet Trench Spacing: Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: \ \ \ 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 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: / 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 provision of the Law and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Date: Authorized State Agent: _ Construction Authorization Expiration Date: ___

Harnett County Department of Public Health Site Sketch



AS HEFORD WAY