Harnett County Department of Public Health Improvement Permit

27548

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: MARKS RD ISSUED TO: CUMBERLAND HOMES PROPERTY LOCATION: 1 1ACKS
SUBDIVISION AS METODO Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: PUMP TO 25 1/2 REDUCTION Projected Daily Flow: _____ 360 Number of Occupants: Number of bedrooms: Basement Yes Pump Required: 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: Permit conditions: REMS 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. -UMBERLAND FlomES PROPERTY LOCATION: MARKS RD SUBDIVISION ASMEFORD LOT # 46 New Expansion Repair No Basement Fixtures? Yes Basement Fixtures? The Yes A No Pump To 25% REDUCTION (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Number of trenches Exact length of each trench 150 feet Trench Spacing: Septic Tank Size 1 ♥ ♥ gallons Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: 18 24 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 inches total 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 appliance 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

