Harnett County Department of Public Health

Improvement Permit

A building permit ca	PROPERTY LOCATION: 2486 Marks Rd (SR1111)
ISSUED TO: Southern Touch Homes	SUBDIVISION LOT #
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 35 'x 38' SFD	
Proposed Wastewater System Type: 25% red	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6	max
Basement Yes No	
Pump Required: Yes No May be required based on final	location and elevations of facilities
Type of Water Supply: Community Public Well Dist	
Permit conditions:	No expiration
Authorized State Agent:: Mah a REHT	Date: 10-25-27 SEE ATTACHED SITE SKETCH
	ther permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This ent 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	
Const	truction Authorization
	Required for Building Permit)
THE THE THE TAX TO BE TO SEE THE TRANSPORT OF THE TAX TO SEE THE T	57, 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: Southern Touch Homes	PROPERTY LOCATION: 2486 MARLIS Rd (SR 1111) SUBDIVISION LOT #
25' 20' (C)	SUBDIVISION LOT #
Facility Type: 35'x38'SFD New	
Basement? Yes No Basement Fixtures? Yes - Type of Wastewater System**	⊠ No
Type of Wastewater System** 25% reduction	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	•
25% reducTe	(Repair)
Installation Requirements/Conditions Number of tre	nches/
Septic Tank Size 1000 gallons Exact length o	of each trench
	be installed on contour at a Soil Cover: 6 inches
	ch Depth of: 18-28 inches (Maximum soil cover shall not exceed
	ns shall be level to +/-1/4" 36" above the trench bottom)
Constitution of the Consti	Accordant Control of the Control of
in all direction	1 and the second of the second
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	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 AR	REA.
**If applicable: I understand the system type specified is different from	n the type specified on the application. I accept the specifications of this permit.
applicable. I understand the system type specified is different from	if the type specified on the apprecation. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	se 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 Laws and Rules I	CEC ATTACHED CITE CHETCH
./1 //	
Authorized State Agent: Ash A DEHS	Date: 10-25-22
MULIIVITZEU STATE MEETIL.	Date: $10-25-22$ Instruction Authorization Expiration Date: $10-25-27$
Con	intruction Authorization expiration bate. 70 7

Harnett County Department of Public Health Site Sketch

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orized State Agent:	Md IL DEH	Date: _/6-25-27
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