HTE# 09-5-2284R

Harnett County Department of Public Health

25696

Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: Hwy 27W	
ISSUED TO: AMERICAN HOMESMITH SUBDIVISION TIMEEN POINTE	LOT # <u>フ</u> ⅋
NEW REPAIR EXPANSION Site Improvements required prior to	Construction Authorization Issuance:
Proposed Wastewater System Type: Pume To 25% REDUCTION SYSTEM	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Tes No	
Pump Required: 🗷 es 🗆 No 🗆 May be required based on final location and elevations of facilities	
Type of Water Comby Community No. 0.10 Community No. 0.10 Community	Permit valid for:
Permit conditions:	No expiration
Authorized State Agent: Date: LO 12 09	SEE ATTACHED SITE SKETCH
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 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.	riate governing bodies in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	This permit is subject to compliance with the provisions of
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 a with the attached system layout.	nd shall be met. Systems shall be installed in accordance
ICHED TO. America . Was a series .	
ISSUED TO: AMERICAN HOMESMITH PROPERTY LOCATION: HWYZTH	
Facility Type: SFD (44 ×45) New Expansion Repair	LOT # <u>7</u> %
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** Pume To 25% REDUCTION SYSTEM (Initial)	Wastewater Flow: <u>SCO</u> GPD
(See note below, if applicable [])	
Pume To Conv. W PRETREATMENT (Repair)	
Installation Requirements/Conditions Number of trenches	6
Septic Tank Size 1000 gallons Exact length of each trench 230 feet Trench Spac	ing: Feet on Center
runip fails size <u>coco</u> gallons Frenches shall be installed on contour at a Soil Cover:	6 inches
	soil cover shall not exceed
(Trench bottoms shall be level to $\pm 1/4$ " 36" above	ve the trench bottom)
in all directions)	, in the second
Pump Requirements:ft. TDH vs GPM	inches below pipe
Aggregate D	ionéh.
Conditions: THISPERMY BASED ON PROPOSAL FROM APPLICANTS LSS. WATER LINE	
Must BE 10" From SEPTIC SYSTEM. NO VILLITIES MAY ENCROACH ON IN	ITIAL OR REPAIR 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
	-p
Owner/Legal Representative Signature:	Date:
his 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
onstruction Authorization is subject to compliance with the prayisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Date: Date: Date: Date:	
Construction Authorization Expiration Date: 10/8	14
Conference Authorization Expiration Date. 1012	· U

Harnett County Department of Public Health Site Sketch