HTE# 09-5-2365R

Harnett County Department of Public Health

25576

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

Pi Pi	ROPERTY LOCATION:	WEIN		
ISSUED TO: HOMERICAN HOMESMITH	UBDIVISION TINGS	N POLITE		LOT # 79
NEW REPAIR EXPANSION Type of Structure:		vements required prior	o Construction Author	
Type of Structure: SEO (46×45)		1		, and the state of
Proposed Wastewater System Type: Pump To 25% REDUCTION				
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupants: 6 ma	ЭX			
Basement □Yes ☒ No				
Pump Required:	tion and elevations of fac	ilities		
Type of Water Supply: Community Public Well Distance	from well \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_ feet `	Permit valid for:	Five years
Permit conditions:				. 🗆 No expiration
				•
				
Authorized State Agent:	Date: 8 7		SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other pe	rmits. The permit holder is resp	onsible for checking with appr	opriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Per the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	mit shall not be affected by a c	hange in ownership of the site	. This permit is subject to	compliance with the provisions of
the cars and titles for serage recatilent and bisposal and to conditions of this permit				
f ,		. •		
<u> Construc</u>	<u>ction Authoriza</u>	<u>tion</u>		
(Requi	red for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .19			and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: AMERICAN HOMESMITH	DOODEDTY LOCATION	Hoom	i.	
MOLD TO. TY TOURS TO THE THINK THE	CHADINICION T	- WATE		
Facility Type: SFO (46×45) New		IGEN POINTE	L	LOT # <u>79</u>
] Repair		
Basement? Yes No Basement Fixtures? Yes	7 No			010
Type of Wastewater System** Pume To 25% REE	DUCTION	(Initial)	Wastewater Flow:	<u> 360</u> GPD
(See note below, if applicable □)				
Pume To 25% REDUC	<u> べいい (</u> Repair)			
Installation Requirements/Conditions Number of trenches				
Septic Tank Size 1000 gallons Exact length of eac	h trench 190	feet Trench Sp	acing:	Feet on Center
·	nstalled on contour at a			nches
•	epth of:18		ım soil cover shall n	
	all be level to +/-1/4"			
•	in he level to +/-1/4	30 au	ove the trench botto	om)
in all directions)				
Pump Requirements:ft. TDH vs GPM				inches below pipe
		Aggregate	Depth:	inches above pipe
Conditions:				inches total
**If applicable: / understand the system type specified is different from the	type specified on the a	application. I accept th	ve specifications of t	his permit.
, ,, ,	// /	,,,		,
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use chan	gas. The Construction Authorizati	on chall not be transferred wh	, vale.	
Construction Authorization is subject to revocation in the prograph of the Laws and Rules for Sewa	ges, the construction nutriorization Treatment and Dienocal and	to the conditions of this name	en were is a change in ow	ATTACHED SITE SKETCH
And the second second second rectant and units 10, 2649	80 meanitest and pisposal and	to the conditions of this perm	L JEC F	TITACHED SHE SKEICH
It allow the second	وح	1 1	- 4	
Authorized State Agent:	<u></u>	Date: 87	09,	
Construc	es tion Authorization Exp	oiration Date: <u>8</u>	7 14	····

HTE# 09-5-22365R	
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Permit # 25576

Harnett County Department of Public Health Site Sketch

		PROPERTY LOCATON: Hwy27w	
ISSUED TO: AMER	ICAN HOMESMITH	SUBDIVISION TINGER POINTE	LOT # <u> つ</u> つ
Authorized State Agent: _		S (OLIVER TOLKSSORD) Date: 8/7/09	
	3 28	PUMP TO BESSE REDUCTION REPAIR PREA OPEN SPACE WETLAND PORESEDVATION EASEMENT TO TO TO TO TO TO TO TO TO	