Harnett County Department of Public Health

HTE# 10-5-23745

25890

Improvement Permit

A building permit cannot be issued	with only an Improvement Permit	
	OCATION: Hwy 27	
ISSUED TO: A MERICARN HOMESMITH SUBDIVISION	I_TINGEN POINTE	LOT # 110
NEW X REPAIR EXPANSION D	Site Improvements required prior to Construction Aut	
Type of Structure: SGD (43×53)		and a source.
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 360 GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement □Yes 📜 No		
Pump Required: 🗆 Yes 🛛 🗶 No 👘 🗌 May be required based on final location and ele	levations of facilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well _	100 feet Permit valid for:	Five years
Permit conditions:	renne rand tot.	\Box No expiration
- fff		
Authorized State Agent:: Date:	2 22 10 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 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.

ISSUED TO: <u>AMERICAN HOMESM</u>	THOLENT LUCATION.	1× 27	
Facility Type: 5FD(435×53)	SUBDIVISION TINKEN	POINTE	LOT # 110
	New Expansion Repair		
Basement? 🗆 Yes 🛛 🔀 No 🛛 Basement Fixt	ures? 🗆 Yes 🛛 No		
		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable 🔀)	<u>_</u>		
(See note below, if applicable X) 25% RE	OUGION SYSTEM (Repair)		
Installation Requirements/Conditions	Number of trenchesY		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench 190 feet	Trench Spacing: I	eet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 6 inc	there
	Maximum Trench Depth of: <u>18</u> inches	(Maximum soil cover shall no	
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottor	
	in all directions)		n)
Pump Requirements:ft. TDH vs			inches helow nine
		Aggregate Depth:	inches below pipe
Conditions: WATER LINE MUST E	DE 10 FROM SEPTIC SYSTEM.	1681 c 8 acc D c p til.	inches above pipe
			inches total

**If applicable: I understand the system type specified is different from the type specified on t	the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.	orization 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 for Sewage Treatment and Disposal	and to the conditions of this permit. SEE ATTACHED SITE SKETCH
	Date: $2 32$

