Harnett County Department of Public Health

HTE# 11-5-27259

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A building permit cannot be issued with only		
PROPERTY LOCATION:	HWY27	
ISSUED TO: AMERICAN HOMESMITH SUBDIVISION TIN	GEN POINTE	LOT # _ 7 4
NEW名 REPAIR ロ EXPANSION ロ Site I Type of Structure: <u>ちちつ(491×35)</u>	Improvements required prior to Construction Authorization	Issuance:
Type of Structure: 550 (49×35)	· · ·	
Proposed Wastewater System Type: RUMETO 25% REDUCTION		
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement \Box Yes \nearrow No		
Pump Required: 🔀 Yes 🛛 No 🗌 May be required based on final location and elevations o	of facilities	
Type of Water Supply: 🗆 Community 💢 Public 🔲 Well Distance from well <u>100</u>	> feet Permit valid for: 🛛 🔀	Five years No expiration
Permit conditions:		No expiration
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	1	
Authorized State Agent:: M MAR REHO Date: 8)らしい 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: AMERICAN HOMESM	MA PROPERTY LOCATION: Have	127
		ONTE LOT # 74
Facility Type: SFD (49735)	🔀 New 🛛 Expansion 🛛 Repair	· · · · · · · · · · · · · · · · · · ·
Basement? 🗆 Yes 💢 No Basement Fixt	ures? 🗆 Yes 🛛 🔀 No	
Type of Wastewater System** PUMETOD	ures? [] Yes [XNO SLO REDUCTION SIJTEN	$_$ (Initial) Wastewater Flow: 320 GPD
(See note below, if applicable Dune To De	5% REDUCTION (Repair)	
installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 200 feet Trenches shall be installed on contour at a	Trench Spacing: Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: inches
	Maximum Trench Depth of:FX 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
Conditions: 11+15 PEAMER BASED O.	N PROPOSAL SUBMITTED WITH	inches total
APPLICATION FROM PIPE	NCANTS LSS	
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR R	EPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.	
**If applicable: / 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:		Date:
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not b	
Construction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the condition	ns of this permit. SEE ATTACHED SITE SKETCH
		1)
Authorized State Agent:	Construction Authorization Expiration D	8 19 11
	Construction Authorization Expiration D	ate: 8 1916

