Harnett County Department of Public Health

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		<u> </u>		
A	building permit cannot be issued wi	th only an Improvement	Permit	
Challed Harris	PROPERTY LOC	ATION: Silver-	Horne Dr.	(h - 1
ISSUED TO: Comberland Homes NEW REPAIR D EXPANSION Type of Structure: SFO 44×49	SUBDIVISION _	The Jon	mit	LOT # <u>64</u>
NEW C REPAIR L EXPANSIO)n Ll	Site Improvements re	uired prior to Construction Autho	orization Issuance:
Proposed Wastewater System Type: 25-7, Redu	d'a Section	,,,		
Projected Daily Flow: <u>480</u> GPD	and yrr -			
Number of bedrooms: Number of Occu	pants: 8 max		·	
Basement 🗆 Yes 🗹 No				
Pump Required: 🗆 Yes 🗆 No 🖻 May be requ	ired based on final location and elev	ations of facilities		
Type of Water Supply: 🗆 Community 🗹 Public	\Box Well Distance from well	feet	Permit valid for:	🖻 Five years
Permit conditions:				\Box No expiration
	`	, ,		
Authorized State Agent .: Juya Mis	in Ret Date:	10/24/2011	/	
The issuance of this permit by the Health Department in no way guara	$\frac{1}{1}$	it holder is responsible for the		TACHED SITE SKETCH
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 own	exhip with appropriate governing bodies i ership of the site. This permit is subject to	n meeting their requirements. This of compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditio		,		
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1			into this permit and shall be met System	ns shall be installed in accordance
with the attached system layout.		,		is share be instanted in accordance
ISSUED TO. C. hadred Haver			Var Have De	
ISSUED TO: Cumberland Hones,		T LUCATION: -77	it them or.	LOT # 84
Facility Type:		UN / ne Jun	mit	LOI # <u>0 7</u>
Basement? Ses No Basement Fix	🗹 New 🗆 Expan	sion 🗆 Repair		
	tures? Yes No		/1 *.* IX X47	
Type of Wastewater System** _ 25% Red	istern system		(Initial) Wastewater Flow:	<u> 950</u> GPD
(See note below, if applicable \Box)	uction System	/ b *)		
		_(Kepair)		
Installation Requirements/Conditions	Number of trenches 2	7 ~ .	9	
Septic Tank Size /000 gallons	0		Trench Spacing: <u>9</u> Soil Cover: 78	_ Feet on Center
Pump Tank Size gallons	Trenches shall be installed on o			
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bo	ttom)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			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 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: _

HTE# 11.5.27611

__ Date: _

This 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 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.

Mel and	
Authorized State Agent: / Sun Musan REHS	Date: 10/24/2011
	Construction Authorization Expiration Date: 10/24/2016
P .	Construction Authorization Expiration Date: 10/24/2016

