## HTE# 12-5-38676

## Harnett County Department of Public Health

Improvement Permit

26987

A	building	permit	cannot	be	issued	with	only	an Im	provement	Permit	
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PROPERTY LOCATION: CHERCESS CHURCH RS
ISSUED TO: DR HORSON INC SUBDIVISION CYPRESS POINTE LOT # 16
NEW REPAIR EXPANSION EXPANSION Structure: SEO 38 - 5 12 Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: <u>480</u> GPD
Number of bedrooms: <u></u> Number of Occupants: <u>8</u> max
Basement 🗆 Yes 🔀 No
Pump Required: 🗆 Yes 🛛 XNo 🛛 May be required based on final location and elevations of facilities
Type of Water Supply: 🗆 Community 😹 Public 🗆 Well Distance from well <u>100</u> feet Permit valid for: 💢 Five years
Permit conditions:
- the total totas total
Authorized State Agent: 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. The
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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.
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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: DR HORRON INC PROPERTY LOCATION: CHPRESS GAURCIA B
Facility Type: $5 \neq 0$ $38 \times 51$ New $\Box$ Expansion $\Box$ Repair

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Basement? 🗆 Yes 🛛 🗙	. No Basement	Fixtures? [] Yes KNO REDUCTION SYSTEM	•		
Type of Wastewater System**	as%	REDUCTION SYSTEM		(Initial) Wastewater Flow:	<u>480</u> GPD
(See note below, if applicable	· 🗆 )				
	25°/0 5	REDUCTION SYSTEM (Repair)			
Installation Requirements/Con	ditions	Number of trenches <u>5</u>			
Septic Tank Size 1000	⊇ gallons	Exact length of each trench <u>GO</u>	feet	Trench Spacing: F	eet on Center
Pump Tank Size	gallons	Trenches shall be installed on contour at a			thes
·	-	Maximum Trench Depth of: <u>18</u>	inches	(Maximum soil cover shall not	t exceed
		(Trench bottoms shall be level to +/-1/4"		36" above the trench botton	n)
		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: I 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, 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. SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization Expiration Date:



