HTE# 12-5-2873912

## Harnett County Department of Public Health

Improvement Permit

26994

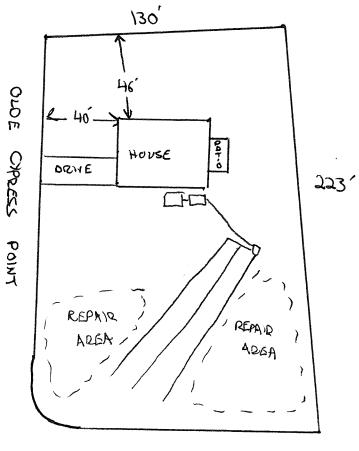
A b	uilding permit cannot be issued with only an Improvement Permit	
ISSUED TO: DR HORTON IN	PROPERTY LOCATION: CYPRESS CHURCH KD SUBDIVISION CYPRESS POINTE	
NEW REPAIR TO FXPANSION		LOT # 277
Type of Structure: SFO (38×51)	— Site improvements required prior to construction Author	ization issuance:
Proposed Wastewater System Type: Pump To 25°	16 REDUCTION	
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupan	nts: max	
Basement Yes No		
Pump Required: Res  No  May be require	d based on final location and elevations of facilities	
Type of Water Supply: Community Public Permit conditions:	Well Distance from well <u>FOO</u> feet Permit valid for:	Five years  No expiration
Talk 17		•
Authorized State Assess	NREW Pater 5/3/12 CCC ATT	
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantee		ACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use chan the Laws and Rules for Sewage Treatment and Disposal and to conditions o	is the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in iges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to f this permit.	meeting their requirements. This compliance with the provisions of
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, with the attached system layout.	, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: DR HORON INC	PROPERTY LOCATION: CHRRESS CHURCH R SUBDIVISION CHRRESS POINTE	Q <sup>c</sup>
Facility Type: SFO (38×51)		LOT # <u>24</u>
	New Expansion Repair	
Basement?  Yes No Basement Fixture	es? Ves No	210
Type of Wastewater System** Pung To 25	5% REDUCTION - VLTSPISHALLON (Initial) Wastewater Flow:	<u>560</u> GPD
(See note below, if applicable X)	% RED ULTROSHALLOW (Repair)	
Installation Requirements/Conditions	Number of trenches (Repair)	
		F4 C -4
, 000°	Transfer dell'historia	Feet on Center
		nches
	- Transman Son Corer shall be	
,	To above the tienen botto	om)
Pump Requirements:ft. TDH vs	n all directions)	
amp requirements rt. 1011 vs rt.		inches below pipe
anditions: MINIMAM OF E"OF	Aggregate Depth:	
Similarions.	COVIC NEWW OVER DIRANTED	inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE I IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	IOFT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
*If applicable: I understand the system type specified is	different from the type specified on the application. I accept the specifications of th	is permit.
wner/Legal Representative Signature:	Date:	
nis 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 own	ership of the site. This
onstruction Authorization is subject to compliance with the previous of the		TTACHED SITE SKETCH
uthorized State Agent:	Date: 5372	
	Construction Authorization Expiration Date: 5 3 17	

HTE# 13	~5-2	3873	90
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Permit # <u>26994</u>

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: CHORESS CHURCH RO	
ISSUED TO: HOROTOM TYC	SUBDIVISION C)PRESS POINTE	LOT # 24)
Authorized State Agent:	PENS (OLIVER TOLKSDORE) Date: 5372	



HONEY BROOK CT