## Harnett County Department of Public Health

Improvement Permit				26992
٨	building permit cannot be issued with		Parmit	
n		ION: CYPRE		
ISSUED TO: DR HORTON IN			OINTE	LOT # 3
			uired prior to Construction Authori	
Type of Structure: SFO (38/50)			·	
Proposed Wastewater System Type: 25% REDU	ICTION SYSTEM			
Projected Daily Flow: <u>360</u> GPD	<i>r</i>			
Number of bedrooms: Number of Occup	pants: <u>6</u> max			
Basement TYes X No			11111111111111111111111111111111111111	
Pump Required: 🗆 Yes 🗆 No 🗡 May be requi	red based on final location and elevan	ions of facilities		<b>≻</b> ,
Type of Water Supply:  Community Public	Well Distance from well	<u>50</u> feet	Permit valid for:	Five years
Permit conditions:				🗆 No expiration
till 11	$\sim$			
Authorized State Agent::	REAMS Date:	5/3/2	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarar		- 10 1		
site is subject to revocation if the site plan, plat, or the intended use c	hanges. The Improvement Permit shall not be a			
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit			
	· · ·		······	and the state of the
Construction Authorization				
	(Required for Buildi	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .19	954, .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 HORETON INC	PROPERTY	LOCATION: Cy	RESS CHURCH K	`D
_	SUBDIVISIO	N CYPZESS	POINTE	LOT # 3
Facility Type: SFD (38×50)	New 🗆 Expansi			
Basement? Ves No Basement Fixe				
Basement? I Yes X No Basement Fixe Type of Wastewater System**	DUCTION SYSTEM		(Initial) Wastewater Flow: _	360 GPD
(See note below if applicable X)			(	0.0
bee note below, " appreable 2 Pump 2	5% REDUCTION	(Repair)		
Installation Requirements/Conditions	Number of trenches	_()		
Septic Tank Size <u>LOOO</u> gallons	Exact length of each trench	7 O feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co			nches
	Maximum Trench Depth of: $\frac{\sqrt{8}}{2}$		(Maximum soil cover shall n	
	(Trench bottoms shall be level to		36" above the trench bott	
	N N	/ • / • 1 / 4	SU ADOVE THE TRENCH DOLL	omy
Dump Doquiromenter 4 TDU	in all directions) GPM			inches Kalan sin
Pump Requirements:ft. TDH vs			A	inches below pipe
			Aggregate Depth:	inches above pipe

Conditions: \_\_\_\_\_

HTE#12-5-28793

## 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 tran	sferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with threesevisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of	this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: 5	

inches total





