## Harnett County Department of Public Health

	Improvement Per	mit		26993
A	building permit cannot be issued with only a		ł	
	PROPERTY LOCATION		CHURCH 6	
ISSUED TO: DR HORORON IN.			INTE	LOT # 11
NEW REPAIR C EXPANSIO	N 🗔 Site In	provements required p	prior to Construction Authori	zation Issuance:
Type of Structure: SFD (38×45)	<u> </u>			
Proposed Wastewater System Type:	SUGION SYSTEM			
Projected Daily Flow: 360 GPD	<i>c</i> —			······
Number of bedrooms: <u>S</u> Number of Occup	ants: <u> </u>			
Basement Yes No		<u> </u>		
Pump Required: 🗆 Yes 🔀 No 🗆 May be requi Type of Water Supply: 🗆 Community 🛛 Public	red based on final location and elevations of	facilities		$\sim$
Permit conditions:	U well Distance from well 100	teet	Permit valid for:	Five years
				□ 'No expiration
1911 19	<b></b>			
Authorized State Agent::	Date: 53	112	SEE ATT	CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit holder is	responsible for checking wit	th appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use cl	langes. The Improvement Permit shall not be affected by	a change in ownership of	the site. This permit is subject to c	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit			
	· · · · · ·	•	·····	
	<u>Construction Authori</u>	<u>zation</u>		
	(Required for Building Perr	<u>nit)</u>		
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 are incorpor	ated by references into this	permit and shall be met. Systems	shall be installed in accordance
with the attached system fayout.				
ISSUED TO: DR HORON IN		ON CYDRES	5 CHURCH	RD
		PROESS P	DINTE	LOT # \)
Facility Type:SFD(38'×45')	New 🗆 Expansion	Repair		
Type of Wastewater System**	Ures? [] Yes DKNO ENUCTION SYSTEM	4	nitial) Wastermater Flam.	
(See note below, if applicable		(II	illiai) wastewater riow: -	SCO GPD
(see note below, in applicable \$1,25% RB	DUCTION SYSTEM (Repai	r)		
Installation Requirements/Conditions	Number of trenches 4		~	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\neg o$	feet Trend	ch Spacing: Cover:ir	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour a	uta Soil /	Cover: G ir	iches
	Maximum Trench Depth of: <u>R</u>		aximum soil cover shall n	
	(Trench bottoms shall be level to +/-I.	•	6" above the trench botto	
	in all directions)			ini j
Pump Requirements:ft. TDH vs	GPM			inchas halaw -:
pquinementeit. 1011 13	_ 0.11	1	agata Danth:	inches below pipe
Conditions:		ASSI	egate Depth:	
conditions.				inches total

## Conditions:

HTE#12-5.28794

## 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 provision of this permit. SEE ATTACHED SITE SKETCH 0ENS Authorized State Agent: Date: Construction Authorization Expiration Date: 3



