HTE# 12-5-29216

## Harnett County Department of Public Health

**Improvement Permit** 

27070

A building permit cannot be issued with only an Improvement Permit			
ISSUED TO: DR HORSON INC SUBDIVISION	CYPRESS CHURCH RD  LOT # 12		
NEW REPAIR TO EXPANCION TO	Site Improvements required prior to Construction Authorization Issuance:		
Type of Structure: SEO (838 ~ 44)	site improvements required prior to construction Authorization issuance.		
Proposed Wastewater System Type: 2590 REDUCTION SYSTEM			
Projected Daily Flow: 3 6 0 GPD			
Number of bedrooms: 3 Number of Occupants: 6 max			
Basement □Yes → No			
Pump Required: ☐Yes ☐No ☐ May be required based on final location and eleva-			
Type of Water Supply:  Community Public Well Distance from well Permit conditions:	10℃ feet Permit valid for: Five years  □ No expiration		
Authorized State Agent:: R67-15 Date:	-tights		
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	SEE ATTACHED SITE SKETCH		
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	fluture is responsible for checking with appropriate governing bodies in meeting their requirements. This affected by a change in ownership of the site. This permit is subject to compliance with the provisions of		
Construction Au	<u>thorization</u>		
(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 at with the attached system layout.	e incorporated by references into this permit and shall be met. Systems shall be installed in accordance		
ISSUED TO: DR 1-7 ORSON NC PROPERTY	LOCATION: CYPRESS CHURCA RD		
Facility Type: SEO (345+44) New   Expans	ON CYPRESS POINTE LOT # 12		
Basement?  Yes No Basement Fixtures? Yes No	лон 🗀 керан		
Type of Wastewater System** 25% REDUCTION SYST	En (Initial) Wastewater Flow: 360 GPD		
(See note below, if applicable ) STO REDUCTION SISTEM	(Initial) Wastewater Flow: 360 GPD		
25% REDUCTION SISTEM	(Banair)		
Installation Requirements/Conditions Number of trenches	_(ncpail)		
Septic Tank Size \\ \frac{1000}{000}	feet Trench Spacing: 9 Feet on Center		
Pump Tank Size gallons			
Maximum Trench Depth of:			
(Trench bottoms shall be level t	,		
,	o +/-1/4" 36" above the trench bottom)		
in all directions)  Pump Requirements:ft. TDH vs GPM			
rump kequirementsit. IDN 75 Gris	inches below pipe		
Conditions	Aggregate Depth: inches above pipe		
Conditions:	inches total		
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF S	EPTIC 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:		
Owner/Legal Repr <u>esentative Signature:</u> This Construction Authorization is subject to represent the site plant plat or the intended use changes. The Construc	tion Authorization shall not be transferred when there is a change in ownership of the site. This		
Construction Authorization is subject to compliance with the province of the bars and Rules for Sewage Treatment and	Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH		
Authorized State Agent:	Date: 7 10 10		
Construction Authorization Expiration Date:			

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: CYPRESS CHURCH RS	
ISSUED TO: De 17 ecrept	SUBDIVISION CHRICES POINTE	# _ <b>\_</b>
Authorized State Agent:	DEATS (OZNER TOLKOWE) Date: 7/10/12	

