Harnett County Department of Public Health

HTE#13-5-30766R

the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit..

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A building permit cannot be issued with		
	TION: NC27 TINGEN POINTE	LOT # 116
NEWA REPAIR E EXPANSION E Type of Structure: <u>SEO (Sエスちん</u>)	Site Improvements required prior to Construction Authoriz	zation issuance:
Proposed Wastewater System Type: Pume TO 25% REDUCTION		
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		• • • • • • • • • • • • • • • • • • •
Basement 🗆 Yes 🗡 No		
Pump Required Yes 🗌 No 🗌 May be required based on final location and eleva	itions of facilities	. .
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well <u>1</u>	<u>OO</u> feet Permit valid for:	Five years
Permit conditions:		No expiration
- All 1 to		
Authorized State Agent:: Date:	3/28/13 SEE ATTA	CHED 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 a	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be a	affected by a change in ownership of the site. This permit is subject to c	compliance with the provisions of

Construction Authorization

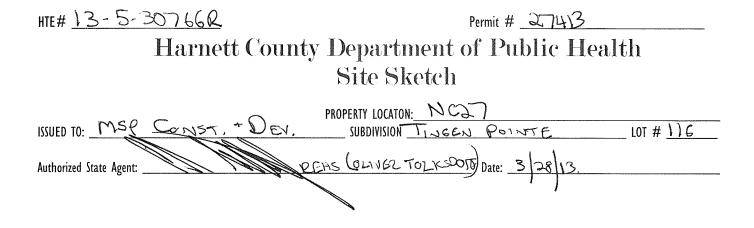
(Required for Building Permit)

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.

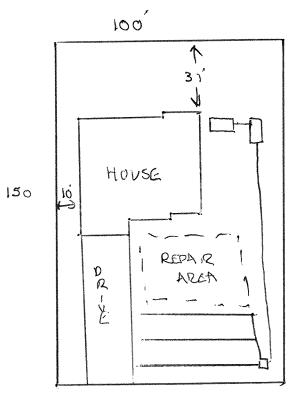
ISSUED TO: MSR CONST. & C	DEV LLC PROPERTY LOCATION:	C27
		POINTE LOT # 116
Facility Type:	🔀 New 🗆 Expansion 🗆 Repair	
Basement? Yes No Basement Fix	tures? 🗆 Yes 🗡 No	
Type of Wastewater System** Pumero	25% REDUCTION SYSTEM	L (Initial) Wastewater Flow: <u>ろんの</u> GPD
(See note below, if applicable \Box)		
PUMPTO	25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches <u>3</u>	0
Septic Tank Size <u>1000</u> gallons	Exact length of each trench \underline{CO} feet	Trench Spacing: Feet on Center
Pump Tank Size <u>LOOO</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6-)</u> inches
	Maximum Trench Depth of: <u>18-214</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	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: / 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 size plan, plat, or the intended use changes. The Construction Authorization shall not be	e transferred when there is a change in ownership of the site. This					
Construction Authorization is subject to compliance with the prediction of the Laws and Rules for Sewage Treatment and Disposal and to the condition	ns of this permit. SEE ATTACHED SITE SKETCH					
Authorized State Agent: Date: Construction Authorization Expiration Da	3 28 13 Ite: 3 28 18					



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