HTE# 13-5-30785

Harnett County Department of Public Health

Improvement Permit

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A	building	permit	cannot	be	issued	with	only	an	Improvement	Permit	
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A baland be issued w	ith only an improven	nent Permit	
PROPERTY LOC	ATION: Cover	ESS CHURCHED	
	CURRESS	POINTE	LOT # 23
NEWX REPAIR C EXPANSION C Type of Structure: SFO (40'×243)	Site Improvements	required prior to Construction Auth	
Type of Structure: <u>SFO (40×43)</u>			
Proposed Wastewater System Type: Pume To 25% REDVICTION			
Projected Daily Flow: 360 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 elev	vations of facilities		<u>`</u>
Type of Water Supply: Community Very Public Well Distance from well	100 feet	Permit valid for:	Five years
Permit conditions:			\Box No expiration
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	()		
Authorized State Agent. Date:	3 2012		

Authorized State Agent: _______ Valc. ______ Valc. _____ Valc. ______ Valc. ______ Valc. ______ Valc. ______ Valc. ______ Valc. ______ Valc. _____ Valc. ____ Valc. _____ Valc. ____ Valc. ____ Valc. ____ Valc. ____ Valc. _____ Valc. _____ Valc. ____ Valc. ___ Valc. ____ Valc. ____ Valc. ___ Valc. site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit..

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: DR HORSON IN	PROPERTY LOCATION:7	PRESS CHURCH RO
	SUBDIVISION CARRESS	POINTE LOT # 23
Facility Type: SFD (40^x43)	_ 🔀 New 🗆 Expansion 🗆 Repair	
Basement? □ Yes → DK No Basement Fixtu Type of Wastewater System** _ <u>Pump To</u>	res? 🗆 Yes 🔀 No	
Type of Wastewater System** <u>Pump To</u>	25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable \Box) PumpTo	25% REDUCTION (Repair)	
Installation Requirements/Conditions	Number of trenches .	
Septic Tank Size 1000 gallons	Exact length of each trench <u>225</u> feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover:G inches
	Maximum Trench Depth of: <u>\8</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: I understand the system type specified is different from the type specified on the ap	pplication. 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 Authorizatio	on 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 the Laws and Rules for Sewage Treatment and Disposal and to	to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:Construction Authorization Expi	Date: $3 22 3$ iration Date: $3 22 18$

