HTE# 07-500 18609 Har.... County Department of Public ...alth 24371

Improvement Permit

ISSUED TO: Wynn Const.

PROPERTY LOCATION: NC27

SUBDIVISION TINGEN Pointe LOT #

NEW A REPAIR | EXPANSION |

Type of Structure: SFD-40×38-382 A building permit cannot be issued with only an Improvement Permit LOT # 22 Proposed Wastewater System Type: 25% Red 4 20 54 Fee Projected Daily Flow: 360 GPD Number of Occupants: _____ max Number of bedrooms: Basement Yes No Pump Required: ☐Yes ☐ No 😾 May be required based on final location and elevations of facilities Type of Water Supply: (Community & Public Well Distance from well 50 feet Permit valid for: Five years

Permit conditions: Mecton site for Final Layort Maintain Allset Backs In No expiration

STUB Out Plumbing Shallow, At Ground Irvel or higher where shown ■ No expiration /w WARI Date: 10-16-27 Authorized State Agent:: 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 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 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: WYON CONST. PROPERTY LOCATION: NCQ7
SUBDIVISION TINGEN POINTE LOT # 22 Facility Type: SFD- 40×38 3BC × New 🗆 Expansion 🗆 Repair Basement? Yes No Basement Fixtures? Yes No Basement! I Tes IX No Basement Fixtures? I Yes X No

Type of Wastewater System** 25% Recl. System. (Initial) Wastewater Flow: 365 GPD (See note below, if applicable X) Rung to 25% Red- Systen (Repair) Installation Requirements/Conditions Exact length of each trench 1×1×0 feet Trench Spacing: ______ Feet on Center Trenches shall be installed on contour at a Soil Cover: ______ inches Septic Tank Size 1000 gallons Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18-24 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. inches below pipe Aggregate Depth: inches above pipe Conditions: inches total I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. ** If applicable: Owner/Legal Representative Signature: 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 provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Date: 10-16-27 Authorized State Agent: Construction Authorization Expiration Date: 10-16-2012

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Wynn	Cons-	COPERTY LOCATON SUBDIVISION	Tingen Pointe	LOT # 22
Authorized State Agent:	Ju WAZ		Date: 10-16-	
250). Pod	2 tor Marine 183' 1, Rod. 575th 4's MARINE	181	At ground 1. Lihere shown. All set Dack, Meet ansite Install 1x	maintain

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