## HTE# 08-500-2051 Harnett County Department of Public Health

24968

**Improvement Permit** 

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: NC2	7
ISSUED TO: LYND CONT. SUBDIVISION INGER	Pointe LOT # 5
NEW   REPAIR □ EXPANSION □ Site Improvements r	equired prior to Construction Authorization Issuance:
Type of Structure: SFO-65x35-38R	
Proposed Wastewater System Type: floor to what Shallow	
Projected Daily Flow: 360 GPD 25% Reduction System	
Number of bedrooms: 3 Number of Occupants: 6 max	
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 100 feet Permit valid for: Five years	
Permit conditions: Mect Onlite for final Layout maintain All Set Backs I No expiration	
MUT BRING In 8 to 12" & ADDroved Cover 50.1	
	nd
Authorized State Agent:: On Date: O8 - 20 - 08	SEE ATTACHED 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 c	hecking 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 ow	nership 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 reference	e into this example and shall be once Courses to 0 to 2 of the 12
with the attached system layout.	s into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: Wynn Lonst. PROPERTY LOCATION: 11C	$\mathcal{I}$
SUBDIVISION TINGCO	Pante LOT # 5
Facility Type: SFD- 65 x 35 - 3BR 🖈 New 🗆 Expansion 🗆 Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** 25% Nod-cton System	(Initial) Wastewater Flow: 365 GPD
(See note below, if applicable (See note below, if applicable (See note below)	(IIIILIAI) WASLEWALET FIOW: GPD
* /1C • / 1C • /	
(Repair)	
Installation Requirements/Conditions Number of trenches	C
Septic Tank Size gallons	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on coptour at a	Soil Cover: G inches
Maximum Trench Depth of:inches	(Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm \frac{1}{4}$ "	36" above the trench bottom)
in all directions)	Jo above the trenen bottom,
Pump Requirements:ft. TDH vs GPM	Sacker Bellen of the
the formation and the first transfer of the	inches below pipe
Condisions.	Aggregate Depth: inches above pipe
Conditions:	inches total
*If applicable: I understand the system type specified is different from the type specified on the application	n. I accept the specifications of this permit.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Owner/Legal Representative Signature:	Date:
his Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not	pate.
onstruction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the condition.	be translative when there is a change in ownership of the site. This
I surject to companies with the provincing of the conditions of the condition of the conditions of the conditions of the conditions of the	ions of this permit. SEE ATTACHED SITE SKETCH
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uthorized State Agent: \(\int \overline \overl	083208
uthorized State Agent: Date:  Construction Authorization Expiration I	Date: 08 20-2013

HTE# 08.500-20516

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## Harnett County Department of Public Health Site Sketch

