HTE# 08.500- 20640R Harnett County Department of Public Health

25203

Improvement Permit

A i	building permit cannot be issued wi	th only an Improvemen	nt Permit	
[]	PROPERTY LOC	ATION: NC 27		
ISSUED TO: WYAA COATT.	SUBDIVISION _	Tingen P	ointe	LOT # <u>34</u>
NEW REPAIR □ EXPANSION		Site Improvements re	equired prior to Construction Auth	orization Issuance:
Type of Structure: SFO-36x LL-35 Proposed Wastewater System Type: 251, 21, 1				
Proposed Wastewater System Type: 251- Nach Projected Daily Flow: 360 GPD	* Jantor			
Number of bedrooms: 3 Number of Occupa	inte: (may			
Basement Yes No	nts. <u> </u>			
Pump Required: □Yes □ No ✓ May be requir	ed based on final location and elev	ations of facilities		
Type of Water Supply: Community	☐ Well Distance from well	195 feet	Permit valid for:	⊠ Five years
Permit conditions: STUB Det Plugbing	shallow at spor	and level or	- hixher Where	☐ No expiration
Type of Water Supply: Community Public Permit conditions: Stub Det Plumbing Shown Meet and the for F.	nal layout m	aintain a	11 Set BACKI	
11147 (DRIN) 12 8+= 12 4	Appoint Cove	<u>- soil</u>		
Authorized State Agent::	Date:	11.24-28	SEE A	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the see plan, plat, or the intended use cha	es the issuance of other permits. The permi	it holder is responsible for cl	hecking with appropriate governing hodies	in meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit.	anected by a change in own	hersnip of the site. This permit is subject t	to compliance with the provisions of
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .195	4. 1955, 1956, 1957, 1958, and 1959;	ing remine)	s into this nermit and shall he mot Sustai	ne shall be installed in accordance
with the attached system layout.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or memperated by reservice	s new tims permit and shan be met. system	us away be instanted in accordance
ICCHED TO. 11 A +	DRADENT	, , , , , , , , , , , , , , , , , , ,	' ~ ~	
ISSUED TO: Ugna Cont.	PROPERTY	Y LOCATION: _ 7 TC	$\frac{d}{d}$	
Facility Type: SFD- 36x66 380	ZORDIAIZI	ON Tingen sion Repair	Pointe	LOT # <u>3 Y</u>
Basement? Yes Basement Fixtu	New Expan	sion 🗀 Kepair		
Type of Wastewater System** 257. Add	(/1 1.1 D 144	7/
(See note below, if applicable (See)	27152 JJ70C		(Initial) Wastewater Flow:	GPD <u>د کاک</u>
25% Red.	ition system	/ b '\		
	- ()	(Repair)		
Installation Requirements/Conditions Septic Tank Size 1000 gallons	Number of trenches	77.	a	_
•	Exact length of each trench _c		Trench Spacing:	_ Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on c	•	Soil Cover:	inches
	Maximum Trench Depth of:		(Maximum soil cover shall	
	(Trench bottoms shall be level to	to +/-1/4"	36" above the trench bo	ttom)
Duran Descriptor	in all directions)			
Pump Requirements:ft. TDH vs	GPM		_	inches below pipe
Con Pairon			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type specified i	s different from the type specifi	ed on the application	1. I accept the specifications of	this permit.
0 " 1 " 1 " 1 " 1 " 1 " 1 " 1 " 1 " 1 "				
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, pla	, or the intended use changes. The Construc	ction Authorization shall not	be transferred when there is a change in	
Construction Authorization is subject to compli an ce with the provisions of t	ie Laws and Rules for Sewage Treatment an	d Disposal and to the condit	ions of this permit. SEE	ATTACHED SITE SKETCH
	\mathcal{M}		A 1/ 2/ 00	
Authorized State Agent:	12-1	Date:	U 11 d4- U8	·
<u> </u>	Construction Author	ization Expiration [)ate:	

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Permit # 25203

Harnett County Department of Public Health Site Sketch

ISSUED TO: Wyn Const.	PROPERTY LOCATON: NCA	<u>'1</u>	100 11
Authorized State Agent:	JUDUIYISIUM		_
Authorized State Agent: Signature of the state of the sta	SUBDIVISION Trayer Orange 85. Blue 85. LASE 85. 10. 10. 10. 10. 10. 10. 10. 1	Date: 11-24-0 Meet Fina Main STUB Sha Icval Z Mult 12" 4 Enitall	Lage of Plumbing How at grown or higher wh