HTE# 08-500-20777R Harnett County Department of Public Health

25056

Improvement Permit

A building permit cannot be issued with only an Impi

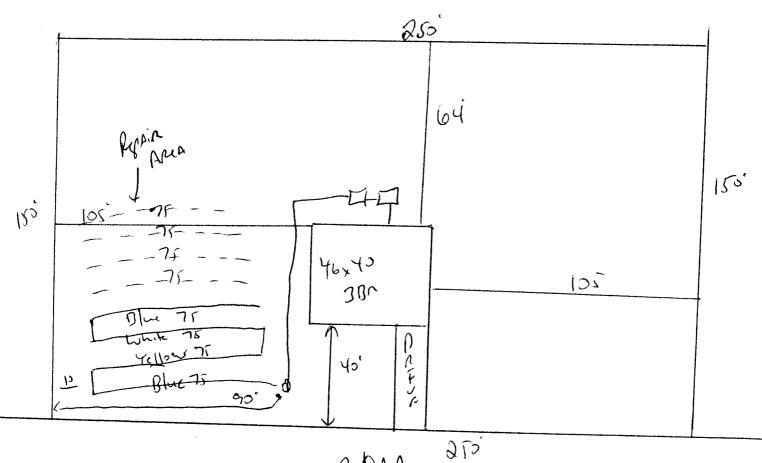
1 1 C	PROPERTY LOCAT	rion: ne 2		
ISSUED TO: Wyon Const.	SUBDIVISION		Pointe	LOT # 43
NEW → REPAIR □ EXPANSION □		Site Improvements req	uired prior to Construction	
Type of Structure: SFD - YOXY 6- 3BR			•	
Proposed Wastewater System Type: King to 21%. Red. 5.	٠ کــ			
Projected Daily Flow: GPD	,			
Number of bedrooms: Number of Occupants:	_max			
Basement Yes No				
Pump Required: Wes No May be required based on final I				
Type of Water Supply: Community Public Well Distar Permit conditions: Mcc To 1. R Final	ice from well	es teet	Permit valid f	
Permit conditions: Mect on site for Final	- ru22-	t MAINT	ALL SIL SIL	lc V₁ □ No expiration
Authorized State Agent::	Date:	9-11-28	12	E ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of othe	er permits. The permit	holder is responsible for che	cking with appropriate governing b	odies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be a	iffected by a change in owne	rship of the site. This permit is sul	ject to compliance with the provisions of
the cams and holes for sewage freatment and disposal and to conditions of this permit.				
C		4bi 4i		
		<u>thorization</u>		
	quired for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.	1958. and .1959 are	e incorporated by references	into this permit and shall be met.	Systems shall be installed in accordance
ISSUED TO: July Cont.	PROPERTY	LOCATION: AC	27	
1330ED 10. W JV1.1 C= 1/11.	SUBDIVISIO		0. L	LOT # 40
Facility Type: SFO - YSXY6-3BR + New	☐ Expansi		Pointe	WI# <u>73</u>
	•	ioii 🗀 kepair		
2 (1)	6duction	4	(Intro-B. W	1
(See note below, if applicable)	04 CE115~	19170C	(Initial) wastewater i	low: GPD
	ection Sys.	(Donais)		
Installation Requirements/Conditions Number of trenc		_(nepair)		
		173 64	T	F
	-		Trench Spacing:	Feet on Center
			Soil Cover:	inches
Maximum Trench			(Maximum soil cover s	
(Trench bottoms		+/-1/4"	36" above the trench	bottom)
in all directions)				
Pump Requirements:ft. TDH vs GPM				inches below pipe
6 Re			Aggregate Depth:	inches above pipe
Conditions:				inches total
	***************************************		9.4	
**If applicable: I understand the system type specified is different from t	the type specified	d on the application.	I accept the specification	s of this permit.
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of	changes. The Construct	ion Authorization shall not be	e transferred when there is a chang	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S	sewage Treatment and	Disposal and to the conditio	ns of this permit.	SEE ATTACHED SITE SKETCH
/			<u> </u>	
Authorized State Agent:		Date: _	9-11-28	
	ruction Authoriz		nte: 9-11-2013	

HTE#	08-500	-20777R	
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Permit # <u>25056</u>

Harnett County Department of Public Health Site Sketch

ISSUED TO: Wynn Cont.	PROPERTY LOCATON: <u>NCQ7</u> SUBDIVISION	LOT # 4/5
Authorized State Agent: A LAZJ	Date: 9-11-08	
Meet onlike for Final	LAYON	
Maintain All Set Back		
Install 270'd 25% Red-	etion System At 18"	



20A0