HTE# 08-500- 21031

Harnett County Department of Public Health

25070

Improvement Permit

A building permit cannot						
	PROPERTY LOCATION:					
ISSUED TO: Wynn Const.	SUBDIVISION	1sen	Pointe	LOT # <u>62</u>		
NEW ☐ REPAIR ☐ EXPANSION ☐	Site In	mprovements re	equired prior to Construction A	uthorization Issuance:		
Type of Structure: SFD-50x50-3BR						
Proposed Wastewater System Type: 25% Rod ct, on 54ste Projected Daily Flow: 360 GPD	\sim					
Number of bedrooms: 3 Number of Occupants:m						
Basement Ses No	41					
Pump Required: ☐Yes ☐ No ☑ May be required based on final loca	ation and elevations o	f facilities				
Type of Water Cumply Community & Bublic Well Diver	C		Permit valid for	: Five years		
Permit conditions: Meet ansite For Final LAW	pat may	riate	All Jet Rocks	□ No expiration		
Permit conditions: Mect ansite For Final Las SCUB O-+ Plumbing Shallow At gre	and level	orhis	ther where sh			
Authorized State Agent::	Date: <u>/) -</u>	12-28	SEE	ATTACHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guarantees the issuance of other p	ermits. The permit holder is	responsible for ch	hecking with appropriate governing bod	ies in meeting their requirements. This		
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Pe the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	rmit shall not be affected b	y a change in owi	nership of the site. This permit is subje	ct to compliance with the provisions of		
Constru	ction Authori	ization				
(Requi	red for Building Per	mit)				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .19 with the attached system layout.	958. and .1959 are incorpo	rated by references	s into this permit and shall be met. Sy	stems shall be installed in accordance		
ISSUED TO: Wynn Gnot.	DD0DEDTV 10647	A /	0			
ISSUED TO: Wynn Const.	PROPERTY LOCAL	ION: 11C	<u> </u>			
Facility Type: SFD-50×50-3BR New			Pointe	LOT # <u>6 2</u>		
, , , , , , , , , , , , , , , , , , ,	☐ Expansion	☐ Repair				
Basement? Yes No Basement Fixtures? Yes	No			O ,		
Type of Wastewater System** 25% Reduction Systems	tro-		(Initial) Wastewater Flo	ow: <u>363</u> GPD		
(See note below, if applicable) 25% abd-ctisa 545	ten (Repai	ir)				
Installation Requirements/Conditions Number of trenches	; <u></u> _	150				
Septic Tank Size 1000 gallons Exact length of each	th trench) feet	Trench Spacing:	Feet on Center		
Pump Tank Size gallons Trenches shall be in	nstalled on contour a	at a	Soil Cover:	inches		
	epth of: 18 a 4		(Maximum soil cover sh			
	all be level to +/-1		36" above the trench			
in all directions)			above the trenen	Doctom)		
Pump Requirements:ft. TDH vs GPM				inches below pipe		
			Aggregate Depth:	inches above pipe		
Conditions:			11661 center beptili	inches total		
		· · · · · · · · · · · · · · · · · · ·		miches total		
**If applicable: I understand the system type specified is different from the	type specified on t	ha annlication	1 account the concilications	of this namit		
which is a system type specified to uniform the	type specified on th	т аррисации.	. I accept the specifications	or uns permit.		
Owner/Legal Representative Signature:			Data			
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use chan	ures. The Construction Author	rivation chall not l	Date:	:		
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewa	ges. The construction Additional	and to the conditi		EE ATTACHED SITE SKETCH		
A A THE RESIDENCE OF THE PROPERTY OF THE PROPE	o- season and pipposal	and to the contill	ions of this period.	FE MINCHED SHE SKEICH		
Authorized State Agent: Date: 10-13-3 X						
Authorized State Agent: Date: 10-13-38 Construction Authorization Expiration Date: 10-13-3013						
Construc	tion Authorization	Expiration D	late: 10-13-00	15		

HTE#	08.500.	2031

Permit # 25070

Harnett County Department of Public Health Site Sketch

ISSUED TO:	1	PROPERTY LOCATON: NC 27	0	
ISSUED TO: WGAN	<i>⊕vi</i> ∩.	SUBDIVISION _ 7, W Scn	Pointe_	_ LOT # <u>62</u>
Authorized State Agent:	Jos W ARI	Date:	10-12-08	
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