## Harnett County Department of Public Health

HTE# 09-5-21780R

25577

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit
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ISSUED TO: WYAN CONSTRUCTION SUBDIVISION TINGEN POINTE 10T # 36
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SEO (4): X431
Proposed Wastewater System Type: Pume To 25% REDUCTION
Projected Daily Flow: <u>360</u> GPD
Number of bedrooms: Number of Occupants: 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 T . Permit valid for: 🖾 Five years
Permit conditions: Do NOT MOVE ANY SOIL OUGING CLEARING CLEARING BY HAND IN No expiration
IS RECOMMENDED. SYSTEM IS CURRENKLY FLAGGED, ALL FLAGS SHOULD REMAIN IN
PLACE.
Authorized State Agent:: 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 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 fayout.

ISSUED TO: WYMN CONSTRUCTION	PROPERTY LOCATION: H~	17 27 (June Daire)	
		POINTE LOT # 36	
Facility Type: <u>SFO(47×43)</u>	New Expansion Repair		
Basement? L Yes $\square$ No Basement Fixt	ires? 🗋 Yes 📈 No		
Type of Wastewater System** Pume To		(Initial) Wastewater Flow: <u>360</u> GPD	
(See note below, if applicable 🗆)			
Pume To	25% REDUCTION (Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>225</u> feet	Trench Spacing: Feet on Center	
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover:G inches	
	Maximum Trench Depth of: 12 inches	(Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to $+/-1/4$ "		
	in all directions)	,	
Pump Requirements:ft. TDH vs	GPM	inches below pipe	
		Aggregate Depth: inches above pipe	
Conditions: 11-15 REAMIT BASED ().	, PROPOSAL FROM APPLICANT	<u>s Soll</u> inches total	
Conditions: THIS BEAM IT BASED ON PROPOSAL FROM APPLICANTS SOIL inches above pipe SCIENTIST. HCHO OR MIXE EAXER TO VERIEY SOIL DEPTH AFTER CLEARING. MINIMUM OF 6" OF			
Cover NEEDED OVER DOAINFIELD.			
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.			
Owner/Legal Representative Signature:		Date:	
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			
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Authorized State Agent:	Date:	8,009	
Construction Authorization Expiration Date: 8/10/14			



