25969

HTE#10-5-24191

Harnett County Department of Public Health

Improvement Permit

A building permit can	not be issued wit	h only an Improv	ement Permit		
ISSUED TO: Dynn Construction	PROPERTY LOCA	TION: Ma	FORMS	<u> </u>	LOT # 3
NEW ☑ REPAIR ☐ , EXPANSION ☐	100011131011			or to Construction Author	
Type of Structure: SFD 49 X52'					reactors 133Bance.
Proposed Wastewater System Type: Conventional	APPROX.				
Projected Daily Flow: 360 GPD		****			
Number of bedrooms: Number of Occupants:	_max				
Basement Yes No		. , , , , , ,			
Pump Required: ☐Yes ☐ No ☐ May be required based on final I Type of Water Supply: ☐ Community ☐ Public ☐ Well Distant	ocation and eleva	itions of facilities		0 2 10 7	- /
Permit conditions:	ice from well	tee	t	Permit valid for:	Five years
- Color Color Color					☐ No expiration
1			7		
Authorized State Agent: Wy Lowing LEHS	Date:	4/28/	2010	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of othe	r 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be	affected by a change :	in ownership of the	e site. This permit is subject to	compliance with the provisions of

Constr	uction Au	thorization)		
	quired for Buildi		_		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,	.1958. and .1959 ar	e incorporated by refe	erences into this pe	ermit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				_	
ISSUED TO: WYAN CONTraction	PROPERTY	LOCATION:	Mark	r Rd.	
1	SUBDIVISIO)N OODE	r Far	r Ild. ns	INT # 3
Facility Type: SFD New	☐ Expans	ion 🗆 Re	nair	-	
Basement? Yes No Basement Fixtures? Yes	□ No		pun		
Type of Wastewater System**			(Init	tial) Wastewater Flow: 4	366 GPD
(6			(many wastemater riom.	di D
(see note below, if applicable) Conventional		_(Repair)			
Installation Requirements/Conditions Number of trenc	hes 2	(1)			
Septic Tank Size / COO gallons Exact length of c		75 fe	et Trench	Spacing: $\frac{9}{8}$ ver: $\frac{9}{8}$ i	Feet on Center
Pump Tank Size gallons Trenches shall be			Soil Co	ver: 8	nches
Maximum Trench		_ / /	thes (Max	imum soil cover shall r	not exceed
(Trench bottoms				above the trench bott	
in all directions)		5/131	20C	and the training policy	····)
Pump Requirements:ft. TDH vs GPM		•		ϵ	inches below pipe
	,		Aggreg	ate Depth: $\overline{2}$	inches above pipe
Conditions: 1/0 ot.1.ties allowed in s	Jstent	for repo	200	· as	inches total
Conditions: No otilities allowed in s All water lines must be 10 ft. fo	rom eny	part or	f sept	ic system.	
•				<i>f</i>	
**If applicable: I understand the system type specified is different from t	the type specifie	d on the applica	ation. I accept	t the specifications of t	his permit.
, ,,	// /	777		<i></i>	per
Owner/Legal Representative Signature:				Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use o	hanges. The Construct	tion Authorization shal	l not be transferred	d when there is a change in ov	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S	ewage Treatment and	Disposal and to the	conditions of this p	permit SEE /	ATTACHED SITE SKETCH
// Ald D-	110		./	/_/	
Authorized State Agent: Duya Mai Leh	<u> </u>	Da	ite:	28/20/0	
Constr	uction Authori:	zation Expiratio	on Date: 4	1/28/2015	

HTE#	10-5-	24191
------	-------	-------

Permit # 25969

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Marks Ld.	
ISSUED TO: Wyn Construction	SUBDIVISION Cooper Forms	LOT # 3
Authorized State Agent: Buya Music	LE 145 Date: 4/28/20	γο

