## Harnett County Department of Public Healtn

Improvement Permit

	A building permit cannot be issued	with only an Improvemen	t Permit		
SCHED TO 1 S S S S S S S S S S S S S S S S S S	PROPERTY LO		lo Lakerld		
NEW REPAIR D EXPANS		Camera	Pines	LOT # <u>17</u>	
Type of Structure:  REPAIR   EXPANS  EXPANS	ION 🗆	Site Improvements re	quired prior to Construction Autho	rization Issuance:	
Proposed Wastewater System Type: femp to 2.	5-4 Pall 1				
	1 10 reduction				
Projected Daily Flow: GPD   Number of bedrooms: Number of Occi	6				
Basement Yes No	upants:max				
	uired based on final leastion and al				
	uired based on final location and ele	evations of facilities feet	B 1 11 1		
Permit conditions:	m well pistance from well -		Permit valid for:	Five years	
Torrito Corrections.				No expiration	
	^	1 /.	1 1 Bm		
Authorized State Agent: Line Miles	soin RÉHE Date:	7/19/201	11/20/2015	TACHED CITE CUETCH	
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The per	mit holder is responsible for ch	acking with appropriate governing hadies is	TACHED SITE SKETCH	
are is subject to revocation in the site plan, plat, or the intended use	changes. The Improvement Permit shall not I	be affected by a change in own	ership of the site. This permit is subject to	compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition	ons of this permit	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The provisions of	
	Construction A	uthorization			
	(Required for Bui				
The construction and installation requirements of Rules .1950, .1952,	1954, 1955, 1956, 1957, 1958, and 1959	are incorporated by references	into this narmit and shall be mot Sustant	saball by Severity I to the o	
with the attached system layout.	,,,,	are meorporated by references	mito tins permit and snan be met. Systems	stran be installed in accordance	
ISSUED TO: Wyon Contract	6	R	CCIII		
ISSUED TO: Wyon Contract			He lo Laker Piner		
- ··· - <i>CEN</i>	SUBDIVIS		rines	LOT # <u>/ 7</u>	
Facility Type:	🗹 New 🗆 Expa	ınsion 🗌 Repair		,	
Basement?  Yes No Basement Fix	ctures?   Yes   No 25% Reduction				
Type of Wastewater System** Forp to	25% Reduction	System	(Initial) Wastewater Flow	360 GPD	
(See note below, if applicable □)	)			- GIV	
PTB F	J	(Repair)			
Installation Requirements/Conditions	Number of trenches /	(~~)			
Septic Tank Size / 000 gallons	Exact length of each trench	180 feet	Trench Spacing: 9	Fast on Contac	
Pump Tank Size / OG O gallons	Trenches shall be installed on				
ganons			Soil Cover: <u>6-12</u>		
	Maximum Trench Depth of:		(Maximum soil cover shall i		
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bott	om)	
	in all directions)			•	
Pump Requirements:ft. TDH vs	GPM			inches below pipe	
0	· i A	0 -	Aggregate Denth	inches above pipe	
Conditions: Fermit bereden Cc	are Houte propos	al (see H	ter Chen of		
Drain lines to be run on	ecutour No utili	Lier allow	Red in But	inches total	
		T 1251 F	111		
Arecs. All water lines must be at least 10ft. From any part of rysten **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.					
ii applicable: I understand the system type specified	i is different from the type speci	tied on the application.	I accept the specifications of t	his permit.	
0 / 1   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, 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.					
010	1 110	P. M.	1 /,	1	
Authorized State Agent/ June 18th Date: 7/19/2616 4/20/2011 BM					
	Construction Author	rization Expiration D	ate. 7 //8/2015 (	1/20/2016	
/	TOTAL MERION MURIO	Expiration Di	ALL, _E '/* &/OC. "/"	LI I	

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Bu Falo Lakes A	ld.
ISSUED TO: Wyn Contraction	subdivision Comera Pins	LOT # 17
Authorized State Agent: Authorized State Agent:	(E45) Date: 7/18	1/20/20(1 BM

