HTE# 10-5-24778

Harnett county Department of Public Heartn

Improvement Permit

26211

A	building permit cannot be issued with		
ISSUED TO: WYAN COASKOUCK		MEGRAH :NOIT	
DEDAID TO TANAMENT	2 M ZORDIAIZION —	TINGEN POINTE	LOT # 104
NEW A REPAIR DEXPANSION Type of Structure: SPO (60'×50') Proposed Wastewater System Type: Pump To 25	'N ∐	Site Improvements required prior to Co	nstruction Authorization Issuance:
Type of Structure: 340 (60 %0)	8/ ₂	HAMO CLEAR DRAINT	ENO AREA AS INDICATED
	TO KEDUCALON	_	
Projected Daily Flow: 360 GPD		UN TEOPOSAL. FENCE	OFF DRAIN FIELD AREA
Number of bedrooms: Number of Occup	pants:max		
Basement Yes No		From ALL TRAFFI	·C.
Pump Required: 🗷 es 🗆 No 🗆 May be requ	ired based on final location and eleva	itions of facilities	
Type of Water Supply: Community Public	☐ Well Distance from well \		mit valid for: 💢 Five years
Permit conditions:			■ No expiration
			ind expiration
Authorized State Agent::	PENS Date:	01/20/10	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	itees the issuance of other permits. The permit	holder is responsible for checking with appropriate	governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use c	hanges. The Improvement Permit shall not be a	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 condition	s of this permit		
	Construction Au	thorization	
	(Required for Buildi		
The construction and installation requirements of Rules .1950, .1952, .19	1010 101 101 101 101 101 101 101 101 10	incorporated by references into this negative and a	hall be more from the first of the
with the attached system rayout.			nall be met. Systems shall be installed in accordance
ISSUED TO: WYNN CONSTONE	K VO N PROPERTY	LOCATION: HWY 27 W	
	CHEDIVICIO	N TINGEN POINTE	107 4 10(2)
Facility Type: SFO (60×50)			LOT # 104
		ion 🗆 Repair	
Basement? Yes No Basement Fixt	ures? Yes No	C	215
Type of Wastewater System** Pump T	O BENO KEDUCKON	リーングランド (Initial) Was	stewater Flow: \$60 GPD
(See note below, if applicable [7])			
Lome 10	25% REDUCTION	(Repair)	
Installation Requirements/Conditions	Number of trenches 4	_(·/	
Septic Tank Size <u>LOOO</u> gallons	Exact length of each trench	E 6 . T 16 :	9
			Feet on Center
Pump Tank Size <u>LOOO</u> gallons	Trenches shall be installed on co		6 inches
	Maximum Trench Depth of:\forall	(Maximum so	il cover shall not exceed
	(Trench bottoms shall be level to		the trench bottom)
	in all directions)		are deficit bottom)
Pump Requirements:ft. TDH vs			
ramp requirements1c. 1DII 43	_ 0(1)		inches below pipe
C 111 AA C C 1) =	*	Aggregate Depi	th: inches above pipe
Conditions: MINIMUM OF 6" OF	COVEN NEEDED (DUGS DOAW HELD	inches total
NATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT, FROM ANY PART OF SE	PTIC SYSTEM OR REPAIR AREA	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DI	RAIN FIEID ADEA	HE STOTEM ON REPAIR AREA.	
**If applicable: / understand the system type specified	is different from the type specified	d on the application. I accept the spe	ecifications of this permit.
	,, ,	,,	emanus or and perma
Owner/Legal Representative Signature:		D ₂	te:
his Construction Authorization is subject to revocation if the site plan, pl	at or the intended use changes. The Construct	ion Authorization shall not be transformed when the	
onstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sawara Treatment and	Disnosal and to the conditions of this new-it	
All the state of t	the early wine unies for sewage treatment and	visposar and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
		· r 🗷	
Authorized State Agent:	My OCHI	Date:	110
• •	411	ration Expiration Date:	
	approxi matrioriz	moon Expiration pate. 10411 K	<u> </u>

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Permit # <u>26211</u>

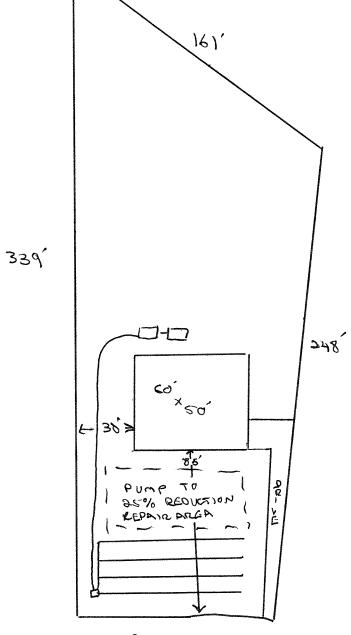
Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: HWY 27W

SUBDIVISION TIMEEN POINTE LOT # 10H

Date: 12/1/10



GOLD CT