HTE# 10-5.24781

Harnett county Department of Public Health

Improvement Permit

26208

A building permit cannot be issued v		
PROPERTY LO	CATION: HWJZJW	
	TINGEN POINTE	LOT # 107
NEW X REPAIR ロ -EXPANSION ロ Type of Structure:	Site Improvements required prior to Construction Autho	rization Issuance:
Type of Structure: SFD (60750)	HAND CLEAR DRAINFIELD AREF	AS INDICATED
Proposed Wastewater System Type: PUMPTO 25% REDUCTION		5
Projected Daily Flow: <u>360</u> GPD	ONPROPOSAL. FENCE OFF I	RAIN FIELD AREA
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 🔀 No	FROM ALL TRAFFIC.	······
Pump Required: 🛛 Yes 🛛 🛛 🗆 🖾 May be required based on final location and ele		
Type of Water Supply: 🗆 Community 🛛 Public 🛛 Well Distance from well _	<u>FOO</u> feet Permit valid for:	Kive years
Permit conditions:		No expiration
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Authorized State Ament.	7 JAND SEE AT	TACHED 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)

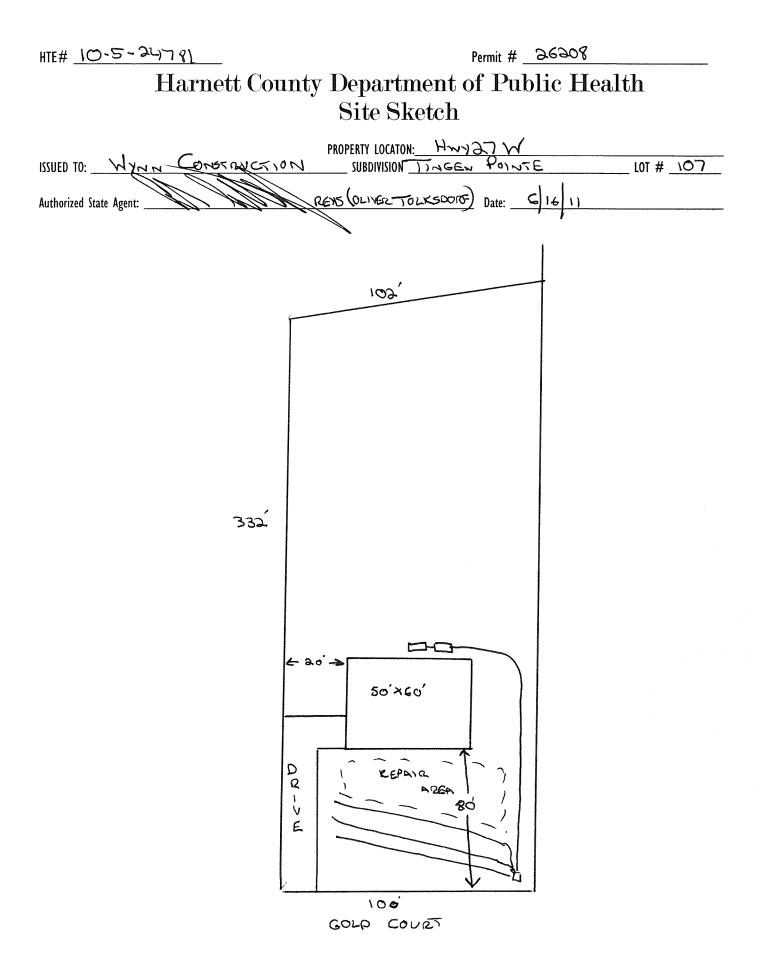
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: WYNN CONSTRUCTI	ON PROPERTY LOCATION: Hy	W LEW
	SUBDIVISION TINGEN	POINTE LOT # 10]
Facility Type: 550 (60×50)	_ 🔀 New 🗆 Expansion 🗆 Repair	
Basement? □ Yes	res? 🔲 Yes 🛛 🗙 No	
Type of Wastewater System** Pume To	25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable \Box) $P_{U} = T_{O} \rightarrow S$		
Pume To 25	520 KEOUCTION (Repair)	
installation requirements/conditions	Number of trenches	C
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\neg \leq$ feet	Trench Spacing: Feet on Center
Pump Tank Size <u>vooo</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6</u> inches
	Maximum Trench Depth of: <u>Va</u> inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)
	in all directions)	
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe
		Aggregate Depth: inches above pipe
Conditions: MINIMUM OF 6" OF	COVER NEEDED OVER DRAIN	FIELD inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

<u>**If applicable:</u> 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 int	tended use changes. The Construction Authorization shall not be transferred when there is a cha	nge in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the bays and	d Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Construction Authorization Expiration Date: 6 16 16	



Divis On-S Owne Addr Prop Loca Wate Evalu	for ON-	onmental ter Sectio SOIL/SI SITE WA Applican	Health n TE EVALUA ASTEWATER at: Date N CM Desig	Evaluated: pa Flow (.1949): pry Recorded: Individua	360 ₉ çd F I □ Well [Pit □ Cut	Sheet: Proper Lot #: File #: Code: 'roperty Size: Spring	ty ID:			
P R O F I .1940	R O F I		Horizon		DRPHOLOGY		OTHER ROFILE FACTO	R S		
L E #	Landscape Position/ Slope %	Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	. 1942 Soil Wetness/ Color	. 1943 Soil Depth (IN.)	. 1956 Sapro Class	. 1944 Restr Horiz	Profile Class & LTAR	
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Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): #5
Available Space (.1945)		V	
		PLIND 2556	Evaluated By: 01
Site LTAR	ily	.27	Others Present: Br

Bo House ISTBALK

SOUTHEASTEN SOIL & ENVIRONMENTAL ASSOC, INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHDET

SUBULVISION 7	Tingen Pt 2	من	
INITIAL SYSTEM	punp to approv	ral)	n,
DISTRIBUTION	D-bon	14	eu de
BENCHMARK	100.0	· .	
NO. BEDROOMS			

LOT 16 REPAIR part to approve 213. DISTRIBUTION D.6.X LOCATION front come rolfies

proposed CTAR : O. Y god (ft?

LINE

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PLAG COLOR

ELEVATION

ACTUAL LENGTH

7-4		100.0		
6-5	<u> </u>	99,53	75	
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. 6		48.07	751	
anninen		97.52		
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1 manufactures				

(F) PO NOT PEROVE COL WHEN (PATE OG/2010 CLEANIAG. HAND CLEAN (PATE AT) TYP Profile CLEANIAG. HAND CLEAN (12" WITH O-14 LS [VF, W1-1] IF NECESSARY (CT20 26"