HE# 10-5-24935

Harnett County Department of Public Health

Improvement Permit

26244

A building permit cannot be issued with only an Improvement Permit ISSUED TO: WYNH CONSTRUCTION INC SUBDIVISION TINGEN POINTE REPAIR □. Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _SFD (75360) Proposed Wastewater System Type: 25% REDUCTION SYSTEM Projected Daily Flow: 360 Number of bedrooms: > No Э___ Number of Occupants: 6 max Pump Required: ☐Yes No May be required based on final location and elevations of facilities Type of Water Supply:
Community Rublic Well Distance from well 100 feet Permit valid for: Five years Permit conditions: ☐ No expiration 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: WYOUR CONSTRUCTION INC PROPERTY LOCATION: Hwy 27 W SUBDIVISION TINGEN POINTE LO Facility Type: 5FD (75×60') New | SUBDIVISION | TINCEN P Basement Fixtures?
Yes KNo

25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD Basement? Yes No Basement Fixtures? Yes Type of Wastewater System** (See note below, if applicable Pump To 25% REDUCTION (Repair) Number of trenches 4 Installation Requirements/Conditions Exact length of each trench 60 feet Trench Spacing: Feet on Center Trenches shall be installed on contour at a Soil Cover: inches Septic Tank Size 1000 gallons Pump Tank Size gallons Maximum Trench Depth of: ______ 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 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. **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: 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 Date: 3/17/10 Authorized State Agent: Construction Authorization Expiration Date: 8 17

Harnett County Department of Public Health Site Sketch



