HTE#10-5-249B6

Harnen County Department of Public health

Improvement Permit

26241

A building permit cannot be issued with only an Improvement Permit	
ISSUED TO: WYNN CONSTRUCTION INC	PROPERTY LOCATION: HW127 WEST
NEW REPAIR EXPANSION II Type of Structure: 5 でしている ACO	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% REDUCTION SY	HAND CLEAR DRAIN FIELD AREA AS
Projected Daily Flow:	INDICATED ON PROPOSAL. FENCE OFF DRA
Number of bedrooms: Number of Occupants: Basement □ Yes ☑ No	FIELD AREA FROM ALL TRAFFIC.
Pump Required: □Yes □ No May be required based on final I	ocation and elevations of facilities
Type of Water Supply: ☐ Community ☐ Public ☐ Well Distart Permit conditions:	nce from well 100 feet Permit valid for: Five years
- 11 111	
Addition to the state of the st	
Authorized State Agent:	Date: 8 16 10 SEE ATTACHED 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.	
Constr	uction Authorization
	quired 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: WYMN CONSTRUCTION PROPERTY LOCATION: HWY 27 WEST SUBDIVISION TINGEN POINTE LOT # 101	
	SUBDIVISION TINGEN POINTE LOT # 101
Facility Type: SFO (75×60°) X New	☐ Expansion ☐ Repair
Basement? Yes X No Basement Fixtures? Yes No	
Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable \square)	(Illitial) Wastewater Flow: _200 GPD
25% REDUCTION S	N-EM (D :)
	,
Installation Requirements/Conditions Number of trench	nes 1
	each trench 300 feet Trench Spacing: Feet on Center
•	e installed on contour at a Soil Cover: <u>6-8</u> inches
Maximum Trench	Depth of: 12-12 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	
, ,	Accurate Danth inches below pipe
Conditions Mississing (") += Course Passing	Aggregate Depth: inches above pipe
Conditions: MINIMUM 6" OF COVER REQUIRED OVER STATEM. THIS inches total PERMIT BRSED ON PROPOSAL FROM APPLICANTS LSS.	
WATER LINES (INCLUDING IRRICATION) MILET RE JOST FROM A	WV DART OF CERTIC CVCTCM OR DEPAIR AREA
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:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use c	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 previsions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH	
Authorized State Agent:	Date: C 38 N
Construction Authorization Expiration Date: 6 103 16	

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: HMY 27 WEST

Authorized State Agent:

PROPERTY LOCATON: HMY 27 WEST

LOT # 10]

REHS (OLIVER TOLKSOOR)

Date: (23 1)

