Harness County Department of Public mealth

HTE# 10-5-24937

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A building permit cannot be issued w		
PROPERTY LOC	ATION: HWY 27WEST	
ISSUED TO: WYAN CONSTANCTION SUBDIVISION	TINGEN POINE	LOT # 96
NEW A REPAIR C EXPANSION C Type of Structure: SED (75760) Proposed Wastewater System Type: 25% REDUCTION SUSTEM	Site Improvements required prior to Construction Authori	ization Issuance:
Type of Structure: SFD (75'×60')	HAND CLEAR DRAIN FIELD ARE	En AS INDICATED
	_	
Projected Daily Flow: GPD	ON PROPOSAL. FENCE OFF	- DRAIN FIELD
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 🔀 No	ALLA FROM ALL TRAFFY	NC,
Pump Required: 🗆 Yes 🛛 🖾 No 🛛 🏹 May be required based on final location and elev	ations of facilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗖 Well Distance from well _	100 feet Permit valid for:	Five years
Permit conditions:		□ No expiration
1.10		
	ê	·······
Authorized State Agent:: SUIL REHS Date: Date:	8 16 10 SEE ATTA	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the usuance of other permits. The perm	it 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 changes. The Improvement Permit shall not be	affected by a change in ownership of the site. This permit is subject to a	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit		

Construction Authorization

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 CONSTRUCTION			
	SUBDIVISION TINGE	EN POINTE	LOT # 56
Facility Type: SFO (75 × 60)	🛛 🖾 New 🗆 Expansion 🗆 Re	pair	
Basement? 🗌 Yes 🔀 No Basement Fixture	s? 🗆 Yes 🛛 📉 No		
Type of Wastewater System** _ 25% RED	UCTION SYSTEM	(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable \Box)		(```)	
25% REOU	CKION SYSTEM (Repair)		
	umber of trenches		
	xact length of each trench <u> </u>	et Trench Spacing:	Feet on Center
`	renches shall be installed on contour at a	Soil Cover: 6 ir	
М	aximum Trench Depth of: <u>12-12</u> inc		
	rench bottoms shall be level to $+/-1/4$ "	N	
	all directions)		,
Pump Requirements:ft. TDH vs (5PM		inches below pipe
		Aggregate Depth:	
Conditions: MINIMUM OF 6"OF CON	VER NEEDER OVER DRAIN		inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 1	OFT FROM ANY PART OF SEPTIC SYSTEM	OR REPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA		UN NEI AIN ANLA.	

**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 changes. The Construction Authorization shall not be	transferred when there is a change in ownership of the site. This
Construction Authorization is empiricate to compliance with the prevision of the Laws and Rules for Sewage Treatment and Disposal and to the condition	is of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: Consequction Authorization Expiration Da	

