Harnett County Department of Public Health

26294

	Improvement	t Permit		26294
	A building permit cannot be issued with	th only an Improvement	Permit	
ISSUED TO: WYAN CONSTRUCT	PROPERTY LOCA	ITION: MCD	OUGALO RO	
ISSUED TO: M JAN CONSTRUCT	SUBDIVISION _			LOT # <u>2</u>
NEW A REPAIR □ EXPANS Type of Structure: CHG × GC		Site Improvements rec	juired prior to Construction Author	orization Issuance:
Proposed Wastewater System Type:	25% REDUCTION			
Projected Daily Flow: 360 GPD 55				
Number of bedrooms: Number of Occ	upants: 6 max			
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🛛 🗶 No 🛛 🗆 May be req	juired based on final location and eleva	tions of facilities		
Type of Water Supply: 🗌 Community 🛛 🔀 Public	□ Well Distance from well	<u> </u>	Permit valid for:	Five years
Permit conditions:			· · · · · · · · · · · · · · · · · · ·	No expiration
	X			1
Authorized Seats Among	- Vina III	the day		
Authorized State Agent:	Det REAL Date: _	10/25/20	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar site is subject to revocation if the site plan, plat, or the intended use the laws and Rules for Source Tractment and Dispatch and the sub-	changes. The improvement Permits shall not be	holder is responsible for che affected by a change in owne	cking with appropriate governing bodies i rship of the site. This permit is subject to	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to condition	ons of this permit.		samp of the site. This permit is subject to	o computance with the provisions of
	_			
	<u>Construction</u> Aut	<u>thorization</u>		
	<u>(Required for Buildi</u>	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	1954, 1955, 1956, 1957, 1958. and 1959 are	e incorporated by references i	nto this permit and shall be met. System	s shall be installed in accordance
ISSUED TO: WYNN CONSTRUCT	ION PROPERTY	LOCATION: MC	DOUGALD RD	
	CUB D 1997 0	N <u>Summer</u>	HILL	LOT # 🔍
Facility Type: SFD (44×60')	_ 🔍 New 💭 Expansi	ion 🗆 Repair		
Basement? □ Yes 🛛 No Basement Fix Type of Wastewater System** <u>35% Res</u>	(tures? 🗆 Yes 📉 No			
	JUGION SYSTEM		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable 🔍)				
2570 K	SOUCTION SYSTEM	_(Repair)		
Installation Requirements/Conditions	Number of trenches <u>1</u>	· · · · ·		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench 4	SO feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on co			inches
	Maximum Trench Depth of: 18	-20 inches	(Maximum soil cover shall	

Pump Requirements: _____ft. TDH vs. _____ GPM

HTE# 10-5-25303

_____ inches below pipe Aggregate Depth: _____ inches above pipe Conditions: _____ _____ inches total

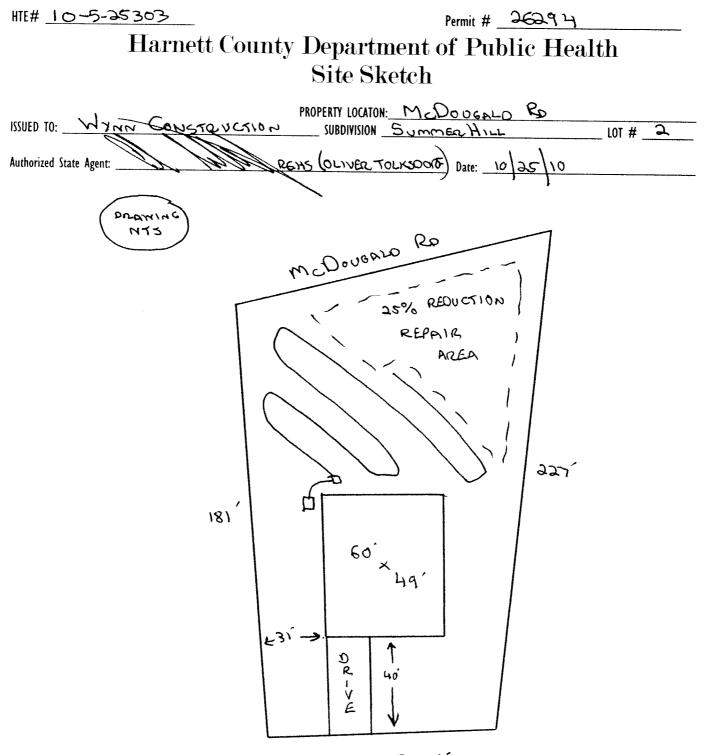
36" above the trench bottom)

(Trench bottoms shall be level to +/-1/4"

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.

in all directions)

**If applicable: I understand the system type specified is different from the type spe	cified 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 Con	nstruction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the accusion of the law and Rules for Sewage Treatment	at and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 10 25 10 horization Expiration Date: 10 25 15



OAK LEAF DRIVE