HTE# 11-5-26197

Harnett County Department of Public Health

Improvement Permit

26491

A building permit cannot be issued with only an Improvement Permit ISSUED TO: WYNN CONSTRUCTION SUBDIVISION CORERS FARM Site Improvements required prior to Construction Authorization Issuance:

DIRAINFELD AREA TO BE FENCEO OFF. ACLEA NEW 🔀 さんの (アグンス) Type of Structure: Proposed Wastewater System Type: 25% REDUCTION TO BE HAND CLEADED OR LEFT UNDISTURBED Projected Daily Flow: 360 GPD Number of Occupants: _____ max Number of bedrooms: _ FOR SEPTIC INSTALLATION. SEE SITE SKETCH. Basement Yes No Pump Required: □Yes ☒ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community

Public

Well Distance from well

Community feet Five years Permit valid for: Permit conditions: ☐ No expiration REHS Authorized State Agent::

Date: 3 21)

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.. **Construction Authorization** (Required for Building Permit) The construction and installation requirements of Rules .1950, .1954, .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. PROPERTY LOCATION: SUBDIVISION ☐ Expansion ☐ Repair Facility Type: ☐ New Basement? Yes ☐ No Basement Fixtures?

Yes Type of Wastewater System** _____ (Initial) Wastewater Flow: _____ GPD (See note below, if applicable □) (Repair) **Installation Requirements/Conditions** Number of trenches _____ Exact length of each trench ______ feet Trench Spacing: _____ Feet on Center Septic Tank Size _____ gallons Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches 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 Authorized State Agent: _____ Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: MARKS RD
_____SUBDIVISION CORES FARM ISSUED TO: NYMN CONSTRUCTION TOT # 95 Authorized State Agent: · SITE SKETCH TO BE REVISED AREA TO BE WHEN AC 15 UNDISTURBED ISSUEO. FENCE HOUSE DUSIVE TRUMAN 120 LANG