HIE# 1)-5-21320

Harnett County Department of Public Health

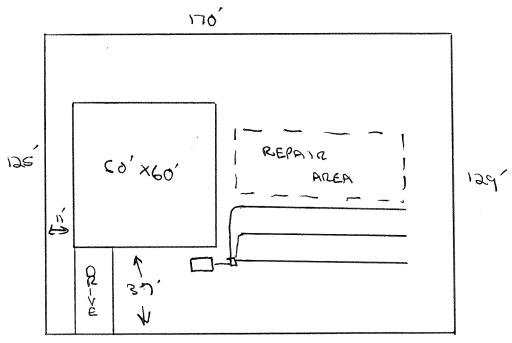
Improvement Permit

26686

A building permit cannot be issued w	ith only an Improvement Permit	
ISSUED TO: WYNN CONSTRUCTION SUBDIVISION	ATION: Docs RD	
NEW REPAIR EXPANSION	Site Improvement required arise to Contact Add in the	
Type of Structure: SFO (60 ×60')	Site Improvements required prior to Construction Authorization Issuance:	
Proposed Wastewater System Type: 25% REOVERIUM SYSTEM		
Projected Daily Flow:GPDGPD		
Number of bedrooms: Number of Occupants: 8 max		
Basement Yes No		
Pump Required: ☐Yes No ☐ May be required based on final location and elev	of Calling	
Type of Water Supply: Community Public Well Distance from well		
Permit conditions:	No expiration Permit valid for: Five years ☐ No expiration	
The same	'	
Authorized State Agent: Date:	71.1	
Authorized State Agent: The issuance of this permit by the World Department in the State Agent:	8 10 11 SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the squance of other permits. The perm site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	t holder is responsible for checking with appropriate governing bodies in meeting their requirements. This affected by a change in ownership of the site. This permit is subject to compliance with the provisions of	
Construction Au	ıthorization	
(Required for Build		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 a with the attached system layout	ing 1 critic)	
men are attached system layout		
ISSUED TO: WYMM COMSTRUCTION PROPERTY	LOCATION: Docs Ro	
- 11	ON TROTTERS RIGGE LOT # 99	
Facility Type: STD (66×60') New Expan	sion Repair	
Basement? Yes No Basement Fixtures? Yes No	•	
Type of Wastewater System** DETO REDUCTION 57576	(Initial) Wastewater Flow: 480 GPD	
ISEE NOTE DEIOW. IT ANNICANIE I II		
25% REDUCTION SYSTEM	TO (Pannie)	
	1 0 rear on center	
Pump Tank Size gallons Trenches shall be installed on co		
Maximum Trench Depth of: 🗻	inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level t	o +/-1/4" 36" above the trench bottom)	
in all directions)	above the trenen bottom)	
'ump Requirements:ft. TDH vs GPM		
	inches below pipe	
onditions:	Aggregate Depth: inches above pipe	
onditions:	inches total	
ATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SI O UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	EPTIC SYSTEM OR REPAIR 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.		
is Construction Authorization insulties to managing if the site of	Date:	
wner/Legal Representative Signature:		
instruction 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		
uthorized State Agent: What REAMS	Date: 8 10 11	
Construction Authorization Expiration Date: 8 10/16		

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Docs Ro	
ISSUED TO: NYTHI CONSTRUCTION SUBDIVISION TROTTEDS RIDGE	LOT # <u>99</u>
Authorized State Agent: Date: 8 10 11	
Authorized State Agent: Date: 8 1011	



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