HTE# 11-5-27717R

Harneti County Department of Public Health

Improvement Permit

26731

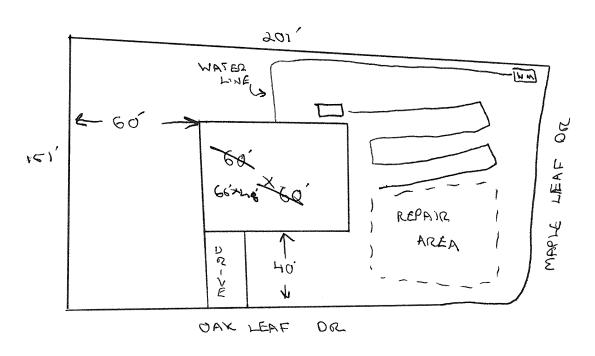
A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: McDoughlo Ro					
ISSUED TO: Wynn Constand	FROPERTI LOCA	5.00500	IVGALO D	LOT # <u>13</u>	
NEW X REPAIR T EXPANS	REPAIR T EXPANSION T				
Type of Structure: SFO (60'>00')) 66, 448, 013/N		lance kings to construction vario	meation issuance.	
Proposed Wastewater System Type: 25% RE	DUCTION SYSTEM				
Projected Daily Flow: 360 GPD					
	upants: <u> </u>				
Basement Yes No					
	uired based on final location and eleva				
Type of Water Supply: Community Public Permit conditions:	☐ Well Distance from well <u>\</u>	<u>O</u> feet	Permit valid for:	Five years No expiration	
The 18				•	
	0(1)1	1 1			
Authorized State Agent::		11 15 11	SEE ATI	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 Sewage Treatment and Disposal and to condition	changes. The Improvement Permit shall not be	holder is responsible for che affected by a change in owne	cking with appropriate governing bodies in rship of the site. This permit is subject to	meeting their requirements. This compliance with the provisions of	
	Construction Au	thorization			
	(Required for Buildi				
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 ar	e incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance	
ISSUED TO: WYNN CONSTRUCT Facility Type: 5FO (50×60)	PROPERTY	LOCATION: _ M <	DOUGALD RO		
5=04 1 56	SUBDIVISIO	M <u> Dumme</u>	5/11-5	LOT # <u>\3</u>	
Facility Type: 540 CSQ×602/17	אלייי 🔀 New 🖂 Expans	ion 🗌 Repair			
Basement? 🗆 Yes 🔀 No 🛮 Basement Fix	xtures? 🗆 Yes 🕱 No				
Type of Wastewater System** 25% Ru	PRUCTION BYSTE	-m	(Initial) Wastewater Flow:	360 GPD	
(See note below, if applicable \square)			,		
25% R	Number of trenches 1	(Repair)			
Installation Requirements/Conditions	Number of trenches	_ ,			
Septic Tank Size 1000 gallons	Exact length of each trench		Trench Spacing:	Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on co			inches	
0	Maximum Trench Depth of: 18		(Maximum soil cover shall i		
	(Trench bottoms shall be level to		36" above the trench bott		
	in all directions)	, ,,-1,4	To above the trench bott	.om)	
Pump Requirements:ft. TDH vs					
ti. IDII 43.	0111			inches below pipe	
Canditions			Aggregate Depth:	• •	
Conditions:				inches total	
VATER LINES (INCLUDING IRRIGATION) MUST	BE 10FT. FROM ANY PART OF SI	EPTIC SYSTEM OR R	EPAIR AREA.		
IO UTILITIES ALLOWED IN INITIAL OR REPAIR I	DRAIN FIELD AREA.				
*If applicable: / understand the system type specified	d is different from the type specifie	d on the application.	I accept the specifications of t	this permit.	
Owner/Legal Representative Signature:			Date:		
his 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					
onstruction Authorization is subject to compliance with the provisions of	of the Laws and Rules for Sewage Treatment and	Disposal and to the condition		ATTACHED SITE SKETCH	
	MI			JANUARY OF THE PROPERTY OF THE	
authorized State Agent:	LENS WILL	Date:	mul. 17-7-	,,	
The real of the re				'' ''	
·	Construction Authoriz	zation Expiration D	ate: 11/15/16 12-	1-16	

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: McDougalo Ro
SUBDIVISION SUMMERLEI LOT # 13

PROPERTY LOCATON: McDougalo Ro
SUBDIVISION SUMMERLEI LOT # 13



12/7/1