HTE# 11-5-27717

Harnett County Department of Public Health

26731

lm	pro	vem	ient	Per	mit

4	building	permit	cannot	be	issued	with	only	an	Improvement	Permit	:
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A building permit cannot be issued with		
PROPERTY LOCA	TION: McDougald Ro	
ISSUED TO: WYMN CONSTRUCTION SUBDIVISION	SUMMERHILL	LOT # 13
NEW 🕱 REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to Construction Author	rization Issuance:
Type of Structure: $SFO(60 \times 60)$		
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 360 GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement \Box Yes \Join No		
Pump Required: 🗆 Yes 🛛 🔀 No 👘 🗋 May be required based on final location and eleva	tions of facilities	
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 📐	OO feet Permit valid for:	🔀 Five years
Permit conditions:		□ No expiration
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Authorized State Agent:: Date:	<u>いしってい</u> SEE ATT	ACHED SITE SKETCH

Authorized State Agent:: ______ 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, .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: WYMM CO.	NSTRUCTI	N	PROPERTY LOCATI	ON: <u>Mc</u>	DOUGALD RO	
,	<u> </u>					LOT # <u>\3</u>
Facility Type: 5FO (60	<u>'×60'/</u>	_ 🔀 New	🗆 Expansion	🗆 Repair		
Basement? 🗌 Yes 🕅 No	Basement Fixtu	res? 🗌 Yes	X No			_
Type of Wastewater System**	25% REI	DUCTION	SYSTEM		(Initial) Wastewater Flow	r: <u>360 _</u> GPD
(See note below, if applicable 🗆)	_		~			
	25% RE	NOTTON	<u>System (</u> Repair	r)		
Installation Requirements/Conditions		Number of trend	hes			
Septic Tank Size 1000 g	gallons	Exact length of	each trench <u>150</u>	feet	Trench Spacing:	
Pump Tank Size g	allons	Trenches shall b	e installed on contour a	it a	Soil Cover: <u>6-72</u>	_ inches
		Maximum Trench	1 Depth of: <u>18-み</u> ン	<u> </u>	(Maximum soil cover shal	ll not exceed
		(Trench bottoms	shall be level to +/-1/	/4"	36" above the trench b	ottom)
		in all directions)				
Pump Requirements:ft	. TDH vs	GPM				inches below pipe
					Aggregate Depth:	inches above pipe
Conditions:						inches total

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: / 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	d 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 Rule	es for Sewage Treatment and Disposal and to the conditions of this permit.	ATTACHED SITE SKETCH
Authorized State Agent:	Construction Authorization Expiration Date: 11/15/11	



