HTE# 11-5-27718

## Harnett County Department of Public Health

## **Improvement Permit**

26772

A building permit cannot be issued with only an Improvement Permit		
ISSUED TO: Wynn Construction PROPERTY LOCATION: Marks Rd.  SUBDIVISION Cooper Forms LOT # 19		
ISSUED TO: WYAN CENSTRUCTION	a subdivision Cooper Forms	
NEW ✓ REPAIR □ EXPANSION	Site Improvements required prior to Construction Authorization	on Issuance:
Type of Structure: SFD 60X60  Proposed Wastewater System Type: 2575. Red	1·	
Proposed Wastewater system type: 20 73 /CEA	oction system	
Projected Daily Flow: 360 GPD  Number of bedrooms: Number of Occupa	ntc (2 may	
Basement Ves No	intsindx	
	ed based on final location and elevations of facilities	
Type of Water Supply:  Community Public Permit conditions:	□ Well Distance from well feet Permit valid for:	Five years  No expiration
Authorized State Agent:	oin LEHS Date: 11 (15/2011 SEE ATTACHE	ED 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	
The construction and installation requirements of Rules 1950 1957 19	(Required for Building Permit) (4, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall	he installed in accordance
with the attached system layout.	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
Facility Type: SFD 60x60  PROPERTY LOCATION: Marker Rd.  SUBDIVISION Cooper Form LOT # 19  Expansion Repair		
ISSUED TO.	SUBDIVISION COOPER FORM	
Facility Type: JED 60X60	New Fynancian Renair	
Basement?  Yes No Basement Fixtures? Yes No		
Type of Wastewater System** 2570 Leduction System (Initial) Wastewater Flow: GPD		
	(Illitial) Wastewater flow.	U D
(See note below, if applicable □)	eduction Suctean (Pagair)	
Installation Paguiromants/Conditions	Number of trenches 2 (Repair)	
	Exact length of each trench 75 feet Trench Spacing: 9 Fee	at an Cantar
Septic Tank Size / OOO gallons	· · · · · · · · · · · · · · · · · · ·	et on Center
Pump Tank Size 1000 gallons		
* IT NEED (4	Maximum Trench Depth of: 18-36 inches (Maximum soil cover shall not	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	<del>)</del>
	in all directions)	
Pump Requirements:ft. TDH vs	_ GPM	inches below pipe
Continue Too line to better de	Aggregate Depth:	inches above pipe inches total
Conditions: Top line to be no deeper than 36 inches inches total  If ditch depths cannot be naintained a purp will be needed		
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. / accept the specifications of this permit.		
Owner/Legal Representative Signature:	Date:	
This Construction Authorization is subject to revocation if the site plan, p	at, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in owners	ship 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.		
// Accf. acus		
Authorized State Agent: Suya Mc LEHS Date: 11/15/2011		
Construction Authorization Expiration Date: 11/15/2016		

## Harnett County Department of Public Health Site Sketch



