## Harnett County Department of Public Health

HTE# 11-5-27985

	<u>Improvement</u>	Permit		26872
	A building permit cannot be issued with		Permit	
	PROPERTY LOCAT	ON. M. Dain	calo Ko	
ISSUED TO: WYNN CONSTRUCT	10~ LNC_ SUBDIVISION _=	SUMMERTIL		LOT # \)
NEW REPAIR 🗆 - EXPANS	ON 🗖	Site Improvements rea	uired prior to Construction Autho	
Type of Structure: SFO (60'~60')			· · · · · · · · · · · · · · · · · · ·	
Proposed Wastewater System Type: 25% RED	UCTION SYSTEM			
Projected Daily Flow: 300 GPD	0			
Number of bedrooms: Number of Occu	ipants: <u> </u>			
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🛛 No 🗆 May be req	uired based on final location and elevati	ons of facilities		• •
Type of Water Supply:  Community X Public Permit conditions:	□ Well Distance from well <u>\C</u>	<u> </u>	Permit valid for:	Five years
half g				•
Authorized State Agent::	<u>REHS</u> Date:	1/23/12	SEE ATT	ACHED 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 Improventent Rermit shall not be aff	ected 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 Aut			
The construction and installation requirements of Rules .1950, .1952, . with the attached system layout.	<u>(Required for Buildin)</u> 1954, .1955, .1956, .1957, .1958. and .1959 are	<u>g Permit)</u> incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: WYMM CONSTRUCTION	on Inc PROPERTY I	OCATION:	Doucald RD	
	SUBDIVISION	5vmm621	411LL	LOT # \\
Facility Type: _ 5 5 60 760 760	_ 🔀 New 🛛 🗖 Expansio	n 🗆 Repair		
Basement? 🗆 Yes 🛛 🔀 No 🛛 Basement Fix	tures? 🗆 Yes 🖂 No 📜	·		
Type of Wastewater System**S?, R	EDUKTION SYSTEM		(Initial) Wastewater Flow	360 GPD
(See note below, if applicable X)			(	
lastallation Dominuments (Condition		(Repair)		
Installation Requirements/Conditions	Number of trenches $\underline{3}$		C,	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench		Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on con	tour at a	Soil Cover: 12-18 i	nches
	Maximum Trench Depth of: <u>2</u> 24	-30 inches	(Maximum soil cover shall r	ot exceed
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench bott	om)
	in all directions)			,
Pump Requirements:ft. TDH vs				inches below nine
			Aggragata Danthi	inches below pipe
Conditions:			Aggregate Depth:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST				

## 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 applicable	cation. 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 use changes. The Construction Authorization sha	all not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the prevision of the Laws and Rules for Sewage Treatment and Disposal and to the	e conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: D Construction Authorization Expirati	Date: 1)23)12



