HTE# 12-5-28/52 Harnett County Department of Public Health

Improvement Permit

26786

ISSUED TO: Wyan Construction SUBDIVISION Trotters Ridge LOT # 94

Type of Structure: Can Alice Subdivision Site Improvements required arises to Construction Site Improvements are supplied arises are supplied arises and supplied arises are suppl A building permit cannot be issued with only an Improvement Permit Type of Structure: SFO 47 × 37 Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 760 GPD Basement TYes Pump Required: ☐Yes ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well ______ feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent:

| Date: 1/23/20/2 | SEE ATTACHED SITE SKETCH
| Date: 1/23/20/2 | SEE ATTACHED SITE SKE 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. Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** 257c Red of System (Initial) Wastewater Flow: Flow (See note below, if applicable \square) Number of trenches (Repair) Installation Requirements/Conditions Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center Trenches shall be installed on contour at a Soil Cover: 6-10 inches Septic Tank Size / 00 0 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 18-30 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. GPM _____ inches below pipe Aggregate Depth: _____ inches above pipe Conditions: 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 application. I accept the specifications of this permit. Owner/Legal Representative Signature: Owner/Legal Representative Signature:

This 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 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. SEE ATTACHED SITE SKETCH Authorized State Agent: / Suya Moing LEHS Construction Authorization Expiration Date: 1/23/20/8800

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Days Rd.	
ISSUED TO: Wyn Construction	SUBDIVISION Troffers Ridge	LOT # <u>94</u>
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Authorized State Agent: / Sup Missin &	EHS Date: 1/23/	242
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