HTE# 12-5-29197

Harnett County Department of Public Health

Improvement Permit

27115

A building permit cannot be issued with only an Improvement Permit Type of Structure: SFD 50 X55 Proposed Wastewater System Type: 257. Red out on System Projected Daily Flow: 360 Number of bedrooms: _____3 Number of Occupants: 6 max Basement □Yes ☑ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Type of Water Supply:

Community Public Well Distance from well _______feet Permit valid for: Five years Permit conditions: ☐ No expiration 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. Facility Type: SFD 50x55 New | Expansion | Repair Basement Fixtures?

Yes Basement? Yes No Type of Wastewater System** 25 To Reduction System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable □) Installation Requirements/Conditions Number of trenches ___ Septic Tank Size / Oco gallons Exact length of each trench Pump Tank Size _____ gallons Soil Cover: 6-8 inches Trenches shall be installed on contour at a Maximum Trench Depth of: 18・20 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. inches below pipe Aggregate Depth: ______ inches above pipe Conditions: Step down may be needed 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: 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: 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 SEE ATTACHED SITE SKETCH 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. Authorized State Agent: 4 Date:

Construction Authorization Expiration Date: 7/17/2017

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Wyn Construction	SUBDIVISION Tinge	n Pointe	LOT # <u>ノスフ</u>
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Authorized State Agent: Authorized State Agent:	REHS	Date: 7/17/20	WZ
Authorized State Agent.	,/41)		

