HTE# 13-5-30410R()

Harnett County Department of Public Health

Improvement Permit

27520

A building permit cannot be issued with only an Improvement Permit ISSUED TO: NYAN CONSTRUCTION SUBDIVISION TROTTERS RO RIDGE Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ 5 FO (36×66') Proposed Wastewater System Type: Pump To 25% Roo VOTION Projected Daily Flow: 480 GPD Number of Occupants: 8 Number of bedrooms: Basement □Yes Pump Required: Xes \(\sigma \) No ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well

Feet Permit valid for: Permit conditions: ☐ No expiration 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: WYNN CONSTRUCTION PROPERTY LOCATION: DOCS RO SUBDIVISION TROTTERS RIDGE Facility Type: SFO (36'x6') New 🗆 Expansion 🗆 Repair Basement?

Yes No Basement Fixtures?

Yes No

Type of Wastewater System**

Pume 10 2570 Results 100 GPD (See note below, if applicable \square) Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size 1000 gallons Maximum Trench Depth of: ______ 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 Aggregate Depth: ______ inches below pipe 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 Construction Authorization is subject to compliance with the previsions. The baws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

	ROPERTY LOCATON: DOCS KO	
ISSUED TO: NZHN COMPONIZION	SUBDIVISION TROTIERS ROEE	LOT #
Authorized State Agent:	ENS (OLIVER TOLKS ROB Date: 7/2/13	

