

## Harnett County Department of Public Health

27933

**Improvement Permit** 

A build	ling permit cannot be issued with only			
PROPERTY LOCATION: GOLD CUI CT				
ISSUED TO: WYNH CONSTRUCTION		ROTTERS		LOT # <u>6</u> 5_
NEW X REPAIR D EXPANSION D Type of Structure: SFO (60,×60')	7 2ite	Improvements rec	quired prior to Construction Au	ithorization Issuance:
Proposed Wastewater System Type: Pump To 25	5% REDUCTION			***************************************
Projected Daily Flow: 480 GPD	<del>210 1 00</del> 0011014			
Number of bedrooms: When the Number of Occupants:	S max —			
Basement Tyes No	· · · · · · · · · · · · · · · · · · ·			
Pump Required ✓ Yes □ No □ May be required □	pased on final location and elevations	of facilities		
	Well Distance from well 100		Permit valid for	: Five years
Permit conditions:				☐ No expiration
	000	1 1 1 1 1		
Authorized State Agent::	RCHS Date: 5	1,0/19		ATTACHED 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				
	(Required for Building P			
The construction and installation requirements of Rules .1950, .1952, .1954, .1 with the attached system layout.	955, .1956, .1957, .1958. and .1959 are incor	porated by references	into this permit and shall be met. Sy	stems shall be installed in accordance
ISSUED TO: WYNN CONSTRUCT			OLO CUP CO	( )
Facility Type: SFO (60'×60')	SUBDIVISION		es RIOGE	LOT # <u>64</u>
Basement?   Yes No Basement Fixtures?   Yes No  Type of Wastewater System**  Pume of 25% REDUCTION SYSTEM (Initial) Wastewater Flow:   YBO GPD				
Type of Wastewater System** Pume To	25% KEDUCTION	1 2222E1	🔼 (Initial) Wastewater Flo	ow: <u>480</u> GPD
(See note below if applicable (1)				
rump 10 a	LEY. REDUCTION (REP	oair)		
Installation Requirements/Conditions Nu	mber of trenches		9	
Septic Tank Size 1000 gallons Ex	act length of each trench $75$	feet	Trench Spacing: 7	Feet on Center
Pump Tank Size <u>1000</u> gallons Tre	nches shall be installed on contou	r at a	Soil Cover: <u>G</u>	inches
Ma	ximum Trench Depth of:	inches	(Maximum soil cover sh	all not exceed
(Tr	ench bottoms shall be level to +/	-1/4"	36" above the trench	bottom)
in	all directions)			,
Pump Requirements:ft. TDH vs GI	,			inches below pipe
				inches above pipe
Conditions:				inches total
				menco totar
WATER LINES (INCLUDING IRRICATION) MILET DE 14	NET EDOM ANY DADT OF CERTIC	CVCTEM OD E	CDAID ADEA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10	IFI. FRUM ANT FART UF SEFIN	. SISIEM UK F	TEPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAII	I FIELD AKEA.			
**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 Represe <del>ntative Signature:</del>				
This Construction Authorization is subject to reviewing 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				
			1 1	
Authorized State Agent: Date: 5 16 14				
Construction Authorization Expiration Date: 5 76 79				

## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: GOLD CUP CT
SUBDIVISION TROTTERS ROCE LOT # 64

