Harnett County Department of Public Health HTE# 14-5-32726 27784 **Improvement** Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Docs RD ISSUED TO: WYNN CONSTRUCTION INC SUBDIVISION TROTTERS RIDGE LOT # 49 REPAIR 🗆 NEW X -EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 500 (60 × 60') Proposed Wastewater System Type: 25% REDUCTION System Projected Daily Flow: 490 GPD Number of Occupants: 8 max Number of bedrooms: 4 Basement 🛛 Yes X No Pump Required: 🗆 Yes 🕅 No □ May be required based on final location and elevations of facilities Type of Water Supply: Community X Public Well Distance from well 100 feet Permit valid for: Five years No expiration Permit conditions: NRGH5 1174 Authorized State Agent:: Date: SEE 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 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: WYMN CONSTRUCTION INC PROPERTY LOCATION: DOCS RD SUBDIVISION TROTTERS RIDGE LOT # 49 Facility Type: 5F0(60'×60) X New Expansion Repair Basement Fixtures? I Yes No 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD Basement? 🗆 Yes 🔍 No 🛛 Basement Fixtures? 🗆 Yes Type of Wastewater System** (See note below, if applicable \square) 25% REDUCTION (Repair) Installation Requirements/Conditions Number of trenches Trench Spacing: $\frac{\gamma}{6}$ Feet on Center Soil Cover: $\underline{6}$ inches Exact length of each trench $\mathfrak{Q} \to \mathfrak{O}$ feet Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Pump Tank Size _____ 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 _____ inches below pipe Aggregate Depth: inches above pipe Conditions: _____ 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: Date: UWNER/LEGAI REPRESENTATIVE SIGNATURE: _______ Uate: _________ This Construction Authorization is subject to revocation if the site plan, plat, or the integed 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 ALLAS Authorized State Agent: _ Date:

Construction Authorization Expiration Date:

