HTE# 14-5-34150

Harnett County Department of Public Health

28105

Improvement Permit

A t	ouilding permit cannot be is:	ued with only an Im TY LOCATION:			
ISSUED TO: Wynn Contraction	SURDIV	ISION Tracht	erlie	lae	LOT # 38
NEW REPAIR , EXPANSION				ired prior to Construction Author	
Type of Structure: SED 60×60		Site improv	cinents requ		lation issuence.
Proposed Wastewater System Type: 25% Reduction	in System				
Projected Daily Flow: <u>480</u> GPD					
Number of bedrooms: <u>4</u> Number of Occupa	nts: O max				
Basement 🗆 Yes 🖃 No					
<u> </u>	ed based on final location a	nd elevations of facili	ities	· · · · · · · · · · · · · · · · · · ·	······································
Type of Water Supply: Community Public Permit conditions:				Permit valid for:	Five years
				· · · · · · · · · · · · · · · ·	
A c		1	1		
Authorized State Agent .: Municip	REHS	Date: _/0///	2014	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarante		he permit holder is respo	nsible for chec	king with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use cha	v i	I not be affected by a ch	ange in owner	ship 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	ol this permit				
······			•		
	Construction	<u>n</u> Authorizat	lon		
	(Required fo	r Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.		• ,	by references i	nto this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: Wyn Construction	PR	OPERTY LOCATION:	Doc	s.Rd.	
·	SU	BDIVISION Tro	ther	rld. Ridge	lot # <u>38</u>
Facility Type:SFD	🖌 New 🗆	Expansion 🗌	Repair		
Parament? Vac No Parament Eivtu	was? 🗍 Vac 🗌 Na		•		
Type of Wastewater System** <u>257 Leduct</u>	in Suster			(Initial) Wastewater Flow	<i>48</i> ° GPD
(See note below, if applicable \Box)				(0.0
	in System	(Rappir)			
	Number of trenches				
Installation Requirements/Conditions			f	T	Freed and Comban
Septic Tank Size 1000 gallons	Exact length of each tre			Trench Spacing: <u>9</u> Soil Cover: 6	
Pump Tank Size gallons	Trenches shall be installe				inches
	Maximum Trench Depth		_ inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be	level to +/-1/4"		36" above the trench bot	tom)
	in all directions)				
Pump Requirements:ft. TDH vs	/				inches below pipe
· · · · · · · · · · · · · · · · · · ·					inches above pipe
Conditions: Run drain liner on con	tour			00 0 1	inches above 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:	Date:					
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 t	to the conditions of this permit. SEE ATTACHED SITE SKETCH					
Authorized State Agent: M. J. wan, REHY Construction Authorization Exp	Date: 15/1/2014					

