HTE# 14-5-345-86

## Harnett County Department of Public Health

28125

**Improvement Permit** 

A	building permit cannot be issued wit			
	PROPERTY LOCA	ITION: Doct 1	્રેવ	
ISSUED TO, Wynn Construction	SUBDIVISION	Trotters R.	dge	LOT # <u><i>3</i>ን</u>
NEW ☑ REPAIR ☐ , EXPANSIO	N 🗆	Site Improvements red	quired prior to Construction Au	ıthorization Issuance:
Type of Structure: SFD GOXGO	<del></del>			
Proposed Wastewater System Type: 25% Reduce	tion System			
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occup	pants:max			
Basement 🗆 Yes 🖼 No				
Pump Required: □Yes □ No ☑ May be requi	ired based on final location and eleva	ations of facilities		_
Type of Water Supply:  Community Public Permit conditions:	☐ Well Distance from well	feet	Permit valid for	r: ☐ Five years ☐ No expiration
Authorized State Association (Section Association )	REHS Date:	12/12/22	44	
		12/12/20,		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarar site is subject to revocation if the site plan, plat, or the intended use c the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be	affected by a change in owne	cking with appropriate governing bodi	ies in meeting their requirements. This ct to compliance with the provisions of
	Construction Au	thorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .19			into this normit and shall he most Su	stoms shall be installed in accordance
with the attached system layout.			·	
ISSUED TO: Wyon Contruction	PROPERTY SUBDIVISION	LOCATION: Doc	sRd	
•	SUBDIVISIO C	ON Trotters	Ridge	LOT # <u></u> 27
Facility Type: <u>SFD</u>	🗹 New 🖂 Expans	sion 🗆 Repair		
· · · · · ·	tures?	<b>/</b>		
			(Initial) Wastowatow Ele	C/A CDD
(See note below if and inchie	luction System		(iiiitiai) wastewater rio	ow: <u> </u>
(See note below, if applicable □)	1 (1)			
W/c/Cedo	Number of translas 4	(Kepair)		
matanation requirements/ conditions	Mulliper of trenencs /		0	
Septic Tank Size /000 gallons	Exact length of each trench	60 feet	Trench Spacing: 9	Feet on Center
Pump Tank Size 1000 gallons: F	Trenches shall be installed on co		Soil Cover: 6	inches
Needed	Maximum Trench Depth of:		(Maximum soil cover sh	
	(Trench bottoms shall be level to		36" above the trench	
		0 17-174	Jo above the trench	DOCCOM
D D ( TDU	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
, , ,	1		Aggregate Depth:	inches above pipe
Conditions: Liner must be run on	contour			inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT, FROM ANY PART OF S	EPTIC SYSTEM OR R	FPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D				
NO OTILITIES ALLOWED IN INITIAL ON RETAIN D	KAIN HELD AKLA.			
**If applicable: / understand the system type specified	is different from the type specifie	ed on the application.	I accept the specifications	of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construc	tion Authorization shall not b	e transferred when there is a change	in ownership of the site This
Construction Authorization is subject to compliance with the provisions of				SEE ATTACHED SITE SKETCH
// /			/ /	
Authorized State Agent:	sin LEHS	Date: _	12/12/2014	
1,500	Construction Authori			9
	CONSTRUCTION AUTHORI	Lauvii Lapitalivii Di	11c. 10/16/1/201/	7

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## Harnett County Department of Public Health Site Sketch



