HTE# 16-5-38970

Harnett County Department of Public Health

28890

Improvement Permit

A C	building permit cannot be issued with	only an improvement i	rermit			
150110 TO 1/1 / 1 / 1 / 1 / The	PROPERTY LOCAL	10190190	Chalypools NS	107 11 2		
ISSUED TO: WYND CONSTANTA TAK				LOT # <u>2</u>		
NEW 🗗 / REPAIR 🗆 EXPANSION	. Ц	Site Improvements requ	ired prior to Construction Authoriz	ration Issuance:		
Type of Structure:		Company of the second				
Proposed Wastewater System Type: 25% 720-by	2020					
Projected Daily Flow: GPD	1					
Number of bedrooms: Number of Occupa	ints:max					
Basement Yes No						
	ed based on final location and elevat	tions of facilities	7.174			
Type of Water Supply: Community Public			Permit valid for:	Five years		
Permit conditions:		1000	i cimic sand ion	☐ No expiration		
Terme conditions.				in expiration		
<u> </u>	1 book					
Authorized State Agent:	UKAN Date:	125-16	SEE ATTA	CHED SITE SKETCH		
The issuance of this permit by the Health Department in no way guarante		0				
site is subject to revocation if the site plan, plat, or the intended use cha						
the Laws and Rules for Sewage Treatment and Disposal and to conditions		1 00 000	and they are approximate and a filter of the transfer of the transfer of			
N=0 0	1000					
	Construction Aug	harization				
	Construction Aut					
	(Required for Building	ng Permit)				
The construction and installation requirements of Rules .1950, .1952, .195	34, .1955, .1956, .1957, .1958. and .1959 are	incorporated by references in	to this permit and shall be met. Systems s	shall be installed in accordance		
with the attached system layout.						
MCUIED TO 1.1 C -6-1/2	- DOGDEDAY	100171011 11	12001 11 1	7 - 1		
ISSUED TO: Wyon Construction:	PROPERTY	LUCATION: 22/9	Pord Chalipart	2/05		
1 5 05	SUBDIVISIO	N Hvery	hod!	LOT # <u>~</u>		
Facility Type:	_ New Expansi	ion 🗆 Repair				
Basement? Yes No Basement Fixtu	ıres? 🗆 Yes 🗔 No	·				
THE REPORT OF THE PROPERTY OF	webo Sista		(Initial) Wastewater Flow: _	365 GPD		
	Des 0-263112-		(IIIIIIai) Wastewater 110W	UID UID		
(See note below, if applicable)	1 51	75				
		(Repair)				
Installation Requirements/Conditions	Number of trenches 4					
Septic Tank Size 1000 gallons	Exact length of each trench	go feet	Trench Spacing:	Feet on Center		
Pump Tank Size / 1000 gallons	Trenches shall be installed on co			nches		
duning rank size ganons						
	Maximum Trench Depth of:2	Tilches	(Maximum soil cover shall no			
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench botto	om)		
	in all directions)		6			
Pump Requirements:ft. TDH vs	GPM			inches below pipe		
, ,			Aggregate Depth: 2	inches above pipe		
Conditions:			7	inches total		
Conditions.				inches total		
	na promisio - esta transportada habitantes (contributada antiso anti-			H-1		
WATER LINES (INCLUDING IRRIGATION) MUST BI	E 10FT. FROM ANY PART OF SE	EPTIC SYSTEM OR RI	EPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI						
**If applicable: I understand the system type specified	is different from the type specifie	d on the application.	I accept the specifications of the	his permit.		
				27		
Owner/Legal Representative Signature:			Date:			
This Construction Authorization is subject to revocation if the site plan, pl.	at or the intended use changes. The Construct	tion Authorization shall not be	transferred when there is a change in ow	nership of the site This		
Construction Authorization is subject to revocation in the site plan, p.				ATTACHED SITE SKETCH		
construction Authorization is subject to compitance with the provisions of	the Laws and nuies for sewage freatment and	DISPUSAL AND TO THE CONDITION	is or this permit. JCE A	HINCHED SHE SKEICH		
	11/					
Authorized State Agent: Date: 6-25-16 Construction Authorization Expiration Date: 6-25-21						
	Construction Authori	zation Expiration Da	te: 1-25-71	_		
	CONSTRUCTION AUTHORI	LULION EXPITATION DA	11. 4 61-14			

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON?	021429 Char	wheat RI	7
ISSUED TO: Wyww Construction IN	SUBDIVISION _	Avery Por	Le	_ LOT # <u>Z</u>
/	1 100	Est 1		
Authorized State Agent: Mor	LAN	Date:	6-25-16	

