HTE#/6-5-38972

Harnett County Department of Public Health

28892

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A building permit cann	PROPERTY LOCATI	ON: 801429	Cholopeas	ND	
ISSUED TO, WYNN Construction		1	Pord	LOT # _ 4	
NEW ☑ REPAIR □ EXPANSION □			ired prior to Construction Author	orization Issuance:	
Type of Structure: FD	_				
Proposed Wastewater System Type: 25% RADULTUS	- 8				
Projected Daily Flow: 486 GPD		and the second second			
Number of bedrooms: Y Number of Occupants:	_max				
Basement Yes No					
Pump Required: ☑Yes ☐ No ☐ May be required based on final lo					
Type of Water Supply: Community Public Well Distant	ce from well	feet	Permit valid for:	Five years	
Permit conditions:	540			☐ No expiration	
		U			
Authorized State Agent:	Date:	6-25-1	C CEE V.	TTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other		WW 15 THE TOTAL	A CONTRACTOR OF THE CONTRACTOR		
site is subject to revocation the site plan, plat, or the intended use changes. The Improvement					
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.					
				The state of the s	
Constr	uction Aut	horization			
(Reg	uired for Buildin	g Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,			nto this permit and shall be met. Syste	ms shall be installed in accordance	
with the attached system layout.			01 11		
ISSUED TO: Wyold Construction FAC	PROPERTY	LOCATION: SK/4 N Avery on Repair	129 Chalybe	ut RA	
	SUBDIVISIO	N Avery	Pond	LOT # <u> </u>	
Facility Type: New	Expansi	on 🗆 Repair	•		
Basement? Yes No Basement Fixtures? Yes	No No	Shipping Shipping Shipping (Shipping Shipping)			
Type of Wastewater System** 25% RETWOON	Systa		(Initial) Wastewater Flow	: 480 GPD	
(See note below, if applicable \square)	2/		_ (
25% NGOSUCIA	Sustin	(Renair)			
Installation Requirements/Conditions Number of trend		ony			
		20 on Egeet	Trench Spacing: 21	Feet on Center	
			Soil Cover:	inches	
				•	
		inches	(Maximum soil cover shal		
(Trench bottoms	shall be level to	+/-1/4"	36" above the trench be	ottom)	
in all directions)					
Pump Requirements:ft. TDH vs GPM			_ 6	inches below pipe	
			Aggregate Depth:	inches above pipe	
Conditions:				inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SE	PTIC SYSTEM OR R	EPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA					
** f applicable: / understand the system type specified is different from	the type specified	d on the application.	I accept the specifications o	f 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 Construct	tion Authorization shall not be	e 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.					
7 1	1	1000000			
Authorized State agent:	R rale	Date:	6-25-21		
Canal	ruction Authoric	zation Evairation Da	1to: 6-20-31		
Lonst	ruction Authoriz	zation Expiration Da	ile		

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON	7429 Chaly	heate BD	
ISSUED TO: Legal Construction one	SUBDIVISION _	Avere Porce	1	LOT # 4
Authorized State Agent: Manh			6-29-16	

