HTE# 16 - 5 - 3900C Harnett County Department of Public Health	29067
Improvement Permit	27007
A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: 52-1427 Challedone	ns
ISSUED TO: Kalyan Construction the SUBDIVISION Avenus Porce	LOT # 21
NEW 🐼 REPAIR 🗆 EXPANSION 🗆 Site Improvements required prior to Construction Author	rization Issuance:
Type of Structure:	
Proposed Wastewater System Type: 25% Reductor	
Projected Daily Flow: <u>4250</u> GPD Number of bedrooms: <u>4</u> Number of Occupants: <u>8</u> max	
Number of bedrooms: Number of Occupants: max BasementYesNo	
Pump Required: 🗆 Yes 🗌 No 🗹 May be required based on final location and elevations of facilities	/
Type of Water Supply: 🗆 Community 🖆 Public 🗆 Well Distance from well feet Permit valid for:	Five years
Permit conditions:	No expiration
	trans and transformer
5 M JO REMS	
Authorized State Agent: Date: Date: Date: SEE ATT	ACHED SITE SKETCH
The issuance of this permit be the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in 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	meeting their requirements. This compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	computative title provisions of
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 with the attached system layout.	shall be installed in accordance
ISSUED TO: WYAN Construction File PROPERTY LOCATION: 821429 Chalyheate	
SUBDIVISION Avery Purch	LOT # 21
Facility Type: SFD 🛛 New 🖵 Expansion 🗆 Repair	
Basement? 🗆 Yes 🗹 No Basement Fixtures? 🗆 Yes 🖬 No	ward the state
Type of Wastewater System** 25% Red to System (Initial) Wastewater Flow:	480 GPD
(See note below, if applicable ) 28010 NGISULOW (Repair)	
Installation Requirements/Conditions Number of trenches 5	
Septic Tank Size 1200 gallons Exact length of each trench 160 feet Trench Spacing:	Feet on Center
	nches
Maximum Trench Depth of: 20 316 inches (Maximum soil cover shall n	
(Trench bottoms shall be level to $+/-1/4$ " 36" above the trench bottom	
in all directions)	(III)
Pump Requirements:ft. TDH vs GPM	inches below pipe
Pump Requirements:ft. TDH vs GPM Aggregate Depth:2	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: Date:	
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.	ATTACHED SITE SKETCH
Authorized State Agent: Date: Date: 9-30-16 Construction Authorization Expiration Date: 5-30-21	
Construction Authorization Expiration Date: <u>9-30-71</u>	

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HTE# 16-5-39006 Permit # 29067 Harnett County Department of Public Health Site Sketch ISSUED TO: Wyww Construction inc subdivision Avery Port LOCATON So 1425 Chalgheate RD Authorized State Agent: \_\_\_\_\_\_\_ Markon & Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ 9-30-16 -30-16 80 白 4 6 11 11 - [ Squine ST