HTE# 16-5-3901 R Harnett County Department of Public Health

Improvement Permit

| A building permit cannot be issued with only an Improvement Permit |
|---|
| ISSUED TOWARD CONSTANT THE SURDIVISION AVERY CONSTANTS NOT # 69 |
| 300113011 |
| NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: |
| Type of Structure: |
| Projected Daily Flow: GPD |
| N 1 (1) 3 N 1 (0) |
| Basement Yes No |
| Pump Required: |
| |
| Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Permit conditions: No expiration |
| HO EXPITATION |
| EM 1 KW NEWS |
| Authorized State Agent: Date: 4-27-17 SEE ATTACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This |
| 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 compliance with the provisions of |
| the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit |
| |
| 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 shall be installed in accordance |
| with the attached system layout. |
| WELLED TO 11 1 C 1 d . A TAIC MARKET STATE OF A A L A DN |
| ISSUED TO: Wyor Construction TPC PROPERTY LOCATION: 52 1425 Chalyboate RIS |
| SUBDIVISION Avery fort LOT # 65 |
| Facility Type: Repair |
| Basement? Yes Basement Fixtures? Yes No |
| Type of Wastewater System** Resource Manthold to Accepted (Initial) Wastewater Flow: 360 GPD |
| (See note below, if applicable \square) |
| Vienne Manifold for Tokerair |
| Installation Requirements/Conditions Number of trenches 1->2,-3 |
| Septic Tank Size 1000 gallons Exact length of each trench 60 160 80 feet Trench Spacing: Feet on Center |
| 7. 7. 6. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. |
| |
| Maximum Trench Depth of: (Maximum soil cover shall not exceed |
| (Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottom) |
| in all directions) |
| Pump Requirements:ft. TDH vs GPM inches below pipe |
| Aggregate Depth: 2 inches above pipe |
| Conditions: TAP SIZES ON CONSULTANTS CHARLE Aggregate Depth: Inches above pipe 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: |
| 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 to the conditions of this permit. |
| A 1 1 1/2 0000 |
| Authorized State Agent: Date: 4-27-17 |
| Construction Authorization Expiration Date: 4-77-27 |
| , , , construction willight/Allon Finitaling Date 7 - 7 - 7 - 7 - 7 |

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON S/1929 Chaly beat RD

ISSUED TO: Wynn Construction Frequency Power LOT # 69

Authorized State Agent: Date: 4-27-17

Avery Pord PRIVE