HTE# 16-5-39049

## Harnett County Department of Public Health

28958

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

A building period cannot	PROPERTY LOCATION:	1425 (	halpeato R	) _
	SUBDIVISION AV-		-el	LOT # 🥍
NEW ☑ REPAIR ☐ EXPANSION ☐			uired prior to Construction Auth	orization Issuance:
Type of Structure:				
Proposed Wastewater System Type: 25% REDUCTOS	21/			
Projected Daily Flow: 480 GPD			¥ 4	
	max			
Basement Yes You	· · · · · · · · · · · · · · · · · · ·	, w.		
Pump Required: ☐Yes ☐ No ☐ May be required based on final lo Type of Water Supply: ☐ Community ☐ Public ☐ Well Distance			D	- (r
Type of Water Supply: ☐ Community ☑ Public ☐ Well Distant Permit conditions:	ce from well	ieet	Permit valid for:	<ul><li>✓ Five years</li><li>✓ No expiration</li></ul>
Terrific Conditions.				□ No expiration
5 11 ,	20145			
Authorized State Agent:	Date:	-19-16		TTACHED 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 ched	king with appropriate governing bodies	in meeting their requirements. This
site is subject to revocation of 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.	Permit shall not be affected by	y a change in owner	rship of the site. This permit is subject t	o compliance with the provisions of
and the same in serial to serial the same of the same of the serial to t			200 200 100 pg g0100	
Constru	uction Authoriz	zation		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957,	uired for Building Pern		into this normit and shall he met System	ms shall be installed in accordance
with the attached system layout.			50	
ISSUED TO: Wyww Continuction	PROPERTY LOCATI	10N: 5544	129 Chalpart	-RA
	SUBDIVISION	every	Dond !	LOT # 9
Facility Type: New	Expansion	☐ Repair		
Basement?  Yes  No Basement Fixtures?  Yes Type of Wastewater System**	☑ No			1180
Type of Wastewater System** 15%/Convorces	stor		(Initial) Wastewater Flows	: <u>980</u> GPD
(See note below, if applicable □)				
257 sRed/LPP	(Repai	ir)		
Installation Requirements/Conditions Number of trench	0 0		9	
Septic Tank Size 1200 gallons Exact length of e	ach trench _ 30	feet	Trench Spacing:	_ Feet on Center
	installed on contour a		Soil Cover:	inches
Maximum Trench	Depth of: _ 22-718	inches	(Maximum soil cover shall	not exceed
(Trench bottoms	shall be level to +/-1,	/4"	36" above the trench bo	ttom)
in all directions)			/	
Pump Requirements:ft. TDH vs GPM				inches below pipe
			Aggregate Depth:	7 inches above pipe
Conditions:			1000	/Z inches total
			31.	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	NY PART OF SEPTIC S	SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	l.			
**If applicable: / understand the system type specified is different from t	the type specified on the	the annlication	I accent the specifications of	this permit
- Application of the system type specimes to american nomine	ne type specined on th	ne appneation.	r accept the specimeations of	uns permie
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of	hanges. The Construction Autho	orization shall not b		ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for S	ewage Treatment and Disposal	and to the condition	ons of this permit. SEI	E ATTACHED SITE SKETCH
5 M 1	1		7 19-11	
Authorized State Agent: Arkan		_ Date: _	7-07	
/ /	uction Authorization	Evniration D	210.	

HTE#	16-5-39049	
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## Harnett County Department of Public Health Site Sketch

			P	ROPERTY LOCATON:	84429	Chaly	bato KD	
ISSUED TO: _	WYNN	Constavet	N	SUBDIVISION	Avery	Pond	)	LOT #
Authorized Sta	ite Agent:	and E	MA	short	2 rooks	Date:	7-19-16	
			( )					

