HTE# 16-5-3934 SRR Harnett County Department of Public Health

29166

Improvement Permit

A	building permit cannot be issued with only an	Improvement Permit	+ 01	
man - blus Cala 1.	PROPERTY LOCATION:	4729 Chalybes	de 190	
ISSUED TO: WYNN Construction			LOT # _ <i> O</i>	
NEW ☑ / REPAIR □ EXPANSIO	N 🗆 Site Imp	rovements required prior to Cons	truction Authorization Issuance:	
Type of Structure:				
Proposed Wastewater System Type: 25% TOBON	942			
Projected Daily Flow: 485 GPD	(2			
Number of bedrooms: Number of Occup	ants:max			
Basement Yes No				
Pump Required: ✓ Yes ✓ No ✓ May be required:	red based on final location and elevations of f	acilities		
Type of Water Supply: Community Public	☐ Well Distance from well	feet Perm	it valid for: Five years	
Permit conditions:			No expiration	
- A/	1 / /100		1000 1000 1000 1000 1000 1000 1000 100	
Authorized State Agent:: Janes []	AN MAN Date:	-24-17	SEE ATTACHED SITE SKETCH	
The issuance of this permit by the flealth 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 41 the site plan, plat, or the intended use c	langes. The Improvement Permit shall not be affected by	a change in ownership of the site. This p	ermit is subject to compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition	of this permit			
	Construction Authoriz	ation		
	(Required for Building Perm			
The construction and installation requirements of Rules .1950, .1952, .19			Il he met Sustant shall be installed in accordance	
with the attached system layout.	54, 1733, 1730, 1737, 1730. and 1737 are incorporat	ed by references into this perint and sha	in be met. Systems shan be instaned in accordance	
ISSUED TO: WYNN Construction	FROPERTY LOCATIO	N: 5K1429 Chaly	beate RD	
	SUBDIVISION	1	LOT # _/♡	
Facility Type:	New Expansion	☐ Repair		
Basement? Yes No Basement Fixtures? Yes No				
Type of Wastewater System** Pump to 25% Reductor (Accepted) (Initial) Wastewater Flow: 480 GPD				
The state of the s	8 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	(Illicial) Wast	ewater flow GFD	
(See note below, if applicable □)	2-11			
	25th Red (Repair)			
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size 1200 gallons	Exact length of each trench 225	feet Trench Spacing:	7 Feet on Center	
Pump Tank Size 1200 gallons	Trenches shall be installed on contour at		6 inches	
Sanons	Maximum Trench Depth of: 22-) 18	·		
	The state of the s		cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4	36" above th	ne trench bottom)	
	in all directions)		,	
Pump Requirements:ft. TDH vs	_ GPM		inches below pipe	
		Aggregate Deptl		
Conditions:			inches total	
Conditions.	SUPERIOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	1994	miches total	
WATER LINES (INCLUDING IRRIGATION) MUST R	E LOST SPOUL LINV DART OF SERVICE			
WATER LINES (INCLUDING IRRIGATION) MUST B		STEM OR REPAIR AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.			
**If applicables / understand the system time energified	is different from the time and if it is at		7 6 11:	
**If applicable: / understand the system type specified	is airrerent from the type specified on the	application. I accept the spec	cifications of this permit.	
Owner/Legal Representative Signature:		Dat	e:	
This Construction Authorization is subject to revocation if the site plan, p	at, or the intended use changes. The Construction Authori	zation shall not be transferred when there	e 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. SEE ATTACHED SITE SKETCH				
Authorized State Agent. Janes Monking Towns Date: 1-2417				
Authorized State Agent.		vate: 1 2 1	1 2 2	
//	Construction Authorization E	xpiration Date: 1 -2	7 22	

HTE# 16-5-39345RR

Permit # <u>29166</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: SN 1429 Chaly beste 725 INC SUBDIVISION OXFORD WOODS LOT # 10
ISSUED TO: Wynn Construction	INC SUBDIVISION OXFORD WOODS LOT # 10
Authorized State Agent:	Manhan Tours 1-24-17

