## HTE# 17-5-41015 Tharnett County Department of Public Health

Improvement Permit

A b	uilding permit cannot be issued wit	h only an Improvement	Permit	0 N	
ISSUED TO: Wy Na Construction	SURDIVISION	Aveny P	Chalyheato	LOT # 23	
NEW ☐ REPAIR ☐ EXPANSION		7 /	uired prior to Construction Authorize		
Type of Structure:				and in instances	
Proposed Wastewater System Type: 250 Tank	2	37.00-00			
Projected Daily Flow: 480 GPD					
Number of bedrooms: Number of Occupar	nts: _ Smax			in the	
Basement Yes No					
Pump Required: ☐Yes ☐ No ☑ May be require	d based on final location and eleva	tions of facilities			
Type of Water Supply:   Community Public   Public	☐ Well Distance from well	feet	Permit valid for:	Five years	
Permit conditions:				☐ No expiration	
	1-10				
SM.	A HEDIUS	as I in			
Authorized State Agent: A	Date:	1-10-1	SEE ATTAC	CHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantee site is subject to revocation if the site plan, plat, or the intended use char	s the issuance of other permits. The permit	holder is responsible for che	cking with appropriate governing bodies in m	eeting their requirements. This	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of	of this permit	inected by a change in owner	isinp of the site. This permit is subject to co	mphance with the provisions of	
	a could keep and a				
	Construction Au	thorization			
		70.10			
The construction and installation requirements of Bules 1050, 1052, 1054	(Required for Buildi			H. F. C. Carlotte	
The construction and installation requirements of Rules .1950, .1952, .1954 with the attached system layout.			19 U.S. 1110 U.M. 1084-0-0.120 000	nall be installed in accordance	
ISSUED TO: Wynd Constructur	WC PROPERTY	LOCATION SULY	29 Chappeat	E RS	
	SUBDIVISIO	IN Avery	find 1	LOT # <u>23</u> _	
Facility Type:	_ 🗹 New 🗆 Expans	ion 🗆 Repair	,		
Basement?  Yes No Basement Fixtur		2			
Type of Wastewater System**	Justa Ser	12	(Initial) Wastewater Flow:	480 GPD	
(See note below, if applicable			()	7 00 010	
18 2 . K		_(Repair)			
Installation Requirements/Conditions	Number of trenches 3	_(nepair)			
. 17	Exact length of each trench	OO feet	Trench Spacing:	eet on Center	
	Trenches shall be installed on co			ches .	
	Maximum Trench Depth of: 15		(Maximum soil cover shall no		
	(Trench bottoms shall be level to	+/-1/4"	36" above the trench botton	n)	
	in all directions)				
Pump Requirements:ft. TDH vs	GPM	200	_6_	inches below pipe	
$\mathcal{D}$	7 1	1	Aggregate Depth: 2	inches above pipe	
Conditions:	e legutilea	-		inches total	
	JUS Mrs Be	Remer	ch!		
WATER LINES (INCLUDING IRRIGATION) MUST BE	THE FROM ANY PART OF ST	EPTIC SYSTEM OF P	EDVID VDEV		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR.		LI IIC SISILM OK K	LI AIN ANLA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR	AIN FIELD AKEA.				
**If applicable: I understand the system type specified is	different from the type specifie	d on the application.	I accept the specifications of the	is permit.	
Owner/Legal Representative Signature:			Date:		
This Construction Authorization is subject to revocation if the site plan, plat	or the intended use changes. The Construc	tion Authorization shall not b		archin of the cita. This	
Construction Authorization is subject to compliance with the provisions of the				TTACHED SITE SKETCH	
A second to the provisions of the	1 1	THE TO LIE CONDITION	SEL AI	TACHED SHE SKEICH	
Authorized State Control of the Cont					
Authorized State Agent: Date: 1-10-18					
Construction Authorization Expiration Date:					

## Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON \$2 192	25 Chalghoute	RD
ISSUED TO: Wynn Constructor FIC	subdivision Ave	'my Pard	LOT # 23
9 11	1 - AW R	2548	0
Authorized State Agent:	nans	Date:	8

