HTE# 17-5-41020R Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued wit		Permit	-^
ISSUED TO: Wynw Construction II		1104-51/4Z	Chalypeate	
NEW REPAIR EXPANSIO		trong of	mol .	LOT # <u>63</u>
Type of Structure:	M 🗀	site improvements rec	quired prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: 2522 Neslan	4			1/8
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occup	ante: & may			
Basement Yes No	alitslilax			
	red based on final location and eleva	tions of facilities		
	☐ Well Distance from well		Permit valid for:	Five years
Permit conditions:		icci	remit valid for.	☐ No expiration
2) (20) (20) (20) (20) (20) (20) (20) (2				□ No expiration
\$ 11	1 baker	8		
Authorized State Agent:	Bullon Date:	4-25	~() SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	tees the issuance of other permits. The permit	holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be a	ffected by a change in owne	rship 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 Aut	thorization		
	(Required for Buildi	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .19			into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ICCUITO TO. 11. 1.1 Parter Are	TAIC DOODERTY	100171011 5 A 1/2	12901.1.6	A 21
ISSUED TO: WYNN CONSTRUCTION	PROPERTY		curayou	re 19
1	3000111310	7	y pord	LOT # <u>65</u>
Facility Type:	_ 🗹 New 🖵 Expansi	on 🗆 Repair		
Basement?		10 1	λ	
Type of Wastewater System**	25% Reduct	(Accepted	Initial) Wastewater Flow: _	480 GPD
(See note below, if applicable	~~ 1 1 1			
Punto.	Dh Wollet	(Repair)		
Installation Requirements/Conditions	Number of trenches 3	-5 1 2		
Septic Tank Size 1266 gallons	Exact length of each trench	/∞ feet	Trench Spacing:	Feet on Center
Pump Tank Size /200 gallons	Trenches shall be installed on co			
Sanons		_		nches
	Maximum Trench Depth of: Z		(Maximum soil cover shall n	
	(Trench bottoms shall be level to	+/-1/4	36" above the trench botto	om)
D	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM		6	inches below pipe
			Aggregate Depth: 2	inches above pipe
Conditions:				2 inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT, FROM ANY PART OF SE	PTIC SYSTEM OR R	EPAIR ARFA	
NO UTILITIES ÀLLOWED IN INITIAL OR REPAIR DI	RAIN FIFI D ARFA			
CONTROL PRODUCTS TO THE SERVICE OF T				
**If applicable: / understand the system type specified	is different from the type specified	d on the application.	I accept the specifications of the	his permit.
				~
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, pl.			Date:	
This Construction Authorization is subject to revocation if the site plan, pla	at, or the intended use changes. The Construct	ion Authorization shall not be	e transferred when there is a change in ow	mership 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 condition	ns of this permit.	ATTACHED SITE SKETCH
	1 1 100 7	1048	Tog_ri	
Authorized State Agent:	ANIAN JEL	Date:	4-22-17	
7)	Construction Authoriz		ate: 6.2.0-7	— A _
			1-1/1	The state of the s

HTE# 17-5-41020

Permit # 29377

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: 3/142	9 Chalipeato RD
ISSUED TO: Wyn Constantes In SUBDIVISION Aven	101 # 63
Authorized State Agent: The EMAN ANN STATE AS 1	1/ 267 7
Authorized State Agent: Amazine	Date:
	7-13-17

