30508

HTE#5AD 1905-0010

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OLIOG OID STRUKTUS We SUBDIVISION WYN WARE ISSUED TO: Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _ Proposed Wastewater System Type: 2320 ResOute Projected Daily Flow: 360 Number of bedrooms: ________ Number of Occupants: ________ Basement Yes / ☐ May be required based on final location and elevations of facilities Pump Required: Yes ☐ No Type of Water Supply:

Community Public Well Distance from well feet Five years Permit valid for: Permit conditions: _ ■ No expiration 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 SUBDIVISION Wyroniage LOT # 31 Basement Fixtures? Yes No _____ (Initial) Wastewater Flow: _____ GPD Type of Wastewater System** (See note below, if applicable) Installation Requirements/Conditions Number of trenches Exact length of each trench 100 feet Trench Spacing: Feet on Center Trenches shall be installed on contour at a Soil Cover: inches Septic Tank Size 1000 Pump Tank Size 1000 gallons Maximum Trench Depth of: 24-5/8 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. GPM Conditions: 15 off If There IS A BASEMENT - Pup May NOT Be 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: 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. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

ISSUED TO: Homos By Michael For Elle SUBDIVISION Wyw REdge LOT # 31

Authorized State Agent: Date: 5-31-19

Pump may NOT BE NEEDED.

