HTE# 13-5-30421

Harnett County Department of Public Health

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A building permit cannot be issued wi	ith only an Improvement Permit	
PROPERTY LOC	ATION: NCON	
ISSUED TO: WEAVER HOMES SUBDIVISION	TINGEN POINTE	LOT # 147
NEW X REPAIR ロ EXPANSION ロ Type of Structure: <u>SEO (59 メムロ)</u>	Site Improvements required prior to Construction Authori	zation Issuance:
Type of Structure: SEO (59 ×40)		
Proposed Wastewater System Type: 25% REDUCTION		
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement \Box Yes \nearrow No Pump Required: \Box Yes \checkmark No \Box May be required based on final location and elev		
Pump Required: 🗆 Yes 🛛 🖄 No 🛛 🗆 May be required based on final location and elev	vations of facilities	
Type of Water Supply: Community X Public Well Distance from well	100 feet Permit valid for:	K Five years
Permit conditions:		\Box No expiration
14 9 97		
	1	
Authorized State Agent. Date.	1/29/13 SEE ATT	CHED 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

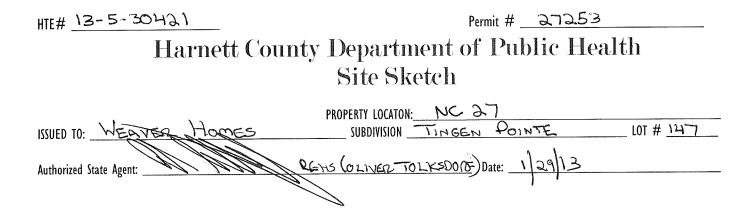
(Required for Building Permit)

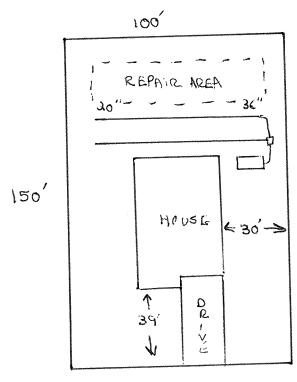
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: MERVER	2 HOME		(LOCATION:N	127	
()	2	CURRING	011	Parter	LOT # <u>\\\7</u>
Facility Type: $\underline{SFO(59^{\circ})}$ Basement? \Box Yes \underline{K} No	~40)	📉 New 🛛 Expan	sion 🗆 Repair		
Basement? 🗆 Yes 🛛 📉 No	Basement Fixt	tures? 🗆 Yes 🗡 No			-
Turne of Wasterwater Sustans**	neol	DEDUCTION SUF	TEM	(Initial) Wastewater Flow:	<u>360 </u>
(See note below, if applicable)		`			
-	22% F	REDUCTION	_(Repair)		
Installation Requirements/Condition	<u>15</u>	Number of trenches 2		0	
Septic Tank Size 1000	gallons	Exact length of each trench 💆	<u>BO</u> feet	Trench Spacing: <u>9</u> Soil Cover: <u>24-6</u>	_ Feet on Center
Pump Tank Size	gallons	Trenches shall be installed on o	contour at a	Soil Cover: 24-6	inches
		Maximum Trench Depth of: 🔼	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:	inches above pipe
Conditions					inchas total

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 t	the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Auth	horization 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	al and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Construction Authorization	Date: 12973





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