HTE# 13-5-30962

Harnett County Department of Public Health Improvement Permit

27427

A building permit cannot be issued with only an Improvement Permit ISSUED TO: WEAVER HOMES PROPERTY LOCATION: NC27W

SUBDIVISION TIMEEN BOINTE NEW X REPAIR I Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Pure To 25% REDUCTION Projected Daily Flow: 360 GPD Number of Occupants: Number of bedrooms: _ Basement □Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public
Well Distance from well CO feet Permit valid for: Permit conditions: ☐ No expiration 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: WEAVER Homes PROPERTY LOCATION: NOT W SUBDIVISION TINGEN POINTE LOT # 130 New

Expansion

Repair Basement? Yes No Basement? | Yes | No Basement Fixtures? | Yes | No |
Type of Wastewater System** | Pump To 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 (See note below, if applicable Pump To 25% REDUCTION (Repair) Number of trenches Installation Requirements/Conditions Septic Tank Size 1000 gallons Pump Tank Size 2000 gallons Maximum Trench Depth of: ______ 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: FRENCH DRAIN NEEDED - SEE SITE SKETCH FOR inches above pipe inches total DETRILS. SUFFICIENT COVER NEEDED TO COVER STEP DOWNS. 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 16 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

	PROPERTY LOCATON: NCDTW	
ISSUED TO: WEATER HOMES	SUBDIVISION TINGEN POINTE	LOT # <u>130</u>
	(
Authorized State Agent:	RENS COLIVER TOLKSDORD Date: 4 22 13	

