HTE#<u>13-5-31385</u>

Harnett County Department of Public Health

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A building permit cannot be issued with only an Improvement Permit

		PROPERTY LOCA	TION: 27 west		
ISSUED TO: Weaver Home	<u> </u>	SUBDIVISION	Tingen Poin	ite	LOT # 126
NEW 🖬 🖌 REPAIR 🗖 🗸 ,	EXPANSION 🗖		Site Improvements req	uired prior to Construction Autho	rization Issuance:
Type of Structure: <u>SFD</u> 51X64		<u></u>			
Proposed Wastewater System Type: 25%/	Reduction Syst	tem			
Projected Daily Flow: <u>J60</u> Gl	PD				
Number of bedrooms: <u>3</u> Numb	er of Occupants: <u>6</u>	max			
Basement 🗆 Yes 🖬 No					
	ay be required based on				-6
Type of Water Supply: 🗆 Community 🛛 🖵	- Public 🛛 Well	Distance from well	feet	Permit valid for:	Five years
Permit conditions:					🔲 No expiration
	<u>^</u>	······································			
Authorized State Agent .: Duya p	Vensin, REHS	Date:	6/5/293	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in site is subject to revocation if the site plan, plat, or the i the Laws and Rules for Sewage Treatment and Disposal an	no way guarantees the issuance intended use changes. The Impr	ovement Permit shall not be	holder is responsible for chea affected by a change in owne	king with appropriate governing bodies ship of the site. This permit is subject t	in meeting their requirements. This o compliance with the provisions of
	Co	nstruction Au	thorization		
		(Required for Build			
The construction and installation requirements of Rules .15	2501952195419551957			into this permit and shall be met. Syster	ns shall be installed in accordance
with the attached system layout.					
ISSUED TO: Weaver Homes		PROPERTY	LOCATION: 27 5	Jert inte	
		SUBDIVISI	ON Tingen Po	inte	LOT # <u>/ ک</u> ے ل
Facility Type:			sion 🗖 Repair		
Basement? Ves Vo Bas	sement Fixtures? 🗆 Y		·		
Type of Wastewater System** <u> </u>				(Initial) Wastewater Flow	360 GPD
(See note below, if applicable D	-			()	
(see note series, " apprease _) 25-10	Reduction Sy.	stem	(Repair)		
Installation Requirements/Conditions	Number of	f trenches <u>3</u>	_(""")		
Septic Tank Size <u>/000</u> gallons	Evact lana	th of each trench	50 feet	Trench Spacing: <u>9</u>	Feet on Center
• •	Transhas s	hall be installed on c		Soil Cover: <u>24 - 6</u>	inches
Pump Tank Size gallons					
		Trench Depth of: $\underline{\mathcal{I}}$		(Maximum soil cover shall	
	N N	ottoms shall be level	(0 +/-1/4	36" above the trench bo	ictom)
	in all dire	ctions)			
Pump Requirements:ft. TDH	vs GPM			· · · · · · · · · · · · · · · · · · ·	inches below pipe
				Aggregate Depth:	
Conditions:					inches total
WATER LINES (INCLUDING IRRIGATION NO UTILITIES ALLOWED IN INITIAL OR			EPTIC SYSTEM OR I	REPAIR AREA.	
**If applicable: / understand the system typ	ve specified is different	from the type specifi	ied on the application.	. I accept the specifications of	f this permit.
Owner/Legal Representative Signature:				Date:	
This Construction Authorization is subject to revocation if	the site plan, plat, or the inter	ded use changes. The Constru	iction Authorization shall not		
Construction Authorization is subject to compliance with th	1e provisions of the Laws and F	Rules for Sewage Treatment a	nd Disposal and to the conditi	ons of this permit. SE	E ATTACHED SITE SKETCH
Authorized State Agent:	Mini Re.	HS	Date:	6 5/2013	
	~	Construction Autho	rization Expiration D	ate: 6/5/2018	

HTE# <u>13-5-31385</u> Harnett County Department of Public Health Site Sketch



