HTE# 13-5-31647

## Harnett County Department of Public Health

**Improvement Permit** 

27527

A building permit can	nnot be issued wi	th only an Improveme ATION: Oぃゎ りょう	ent Permit	
ISSUED TO: WEAVER HOMES		SHAYLAHS		LOT # 2-8
NEW ★ REPAIR □ -EXPANSION □	300011131011 _		required prior to Construction Au	
Type of Structure: SFO (40^x64')				
Proposed Wastewater System Type: 25% REDUCTION	_			
Projected Daily Flow: 360 GPD  Number of Dedrooms: 3 Number of Occupants: 6				
Number of bedrooms: Number of Occupants: Basement Yes No	max			
Pump Required: □Yes ► No □ May be required based on final	location and alas	ations of facilities		
	ince from well 1		Permit valid for:	Five years  No expiration
Authorized State Agent::		<del>pl.plp</del>		
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the issuance of this site is subject to revocation if the site plan, plat, or the intended use changes. The Improvementhe Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	er permits. The permi	it holder is responsible for affected by a change in ov	checking with appropriate governing bodie	ATTACHED SITE SKETCH es in meeting their requirements. This t to compliance with the provisions of
(Re Construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attached system layout.	equired for Build		ces into this permit and shall be met. Sys	tems shall be installed in accordance
ISSUED TO: WEAVER HOMES	PROPERT	Y LOCATION: OL	20 421 443 KNOLL	
Facility Type: SED (LO'XG9')  Basement?  Yes  No Basement Fixtures?  Yes  Type of Wastewater System**  (See note below, if applicable  )	□ Expan No S-JSTE	sion 🗆 Repai	r	u: <u>360</u> GPD
25% RED. S-15TEN		(Repair)		
Installation Requirements/Conditions  Septic Tank Size gallons  Pump Tank Size gallons  Maximum Trench  (Trench bottoms in all directions)	each trench be installed on c h Depth of:	ontour at a 8-24 inches	Trench Spacing: 9 Soil Cover: 6-12 (Maximum soil cover sha 36" above the trench be	
Pump Requirements:ft. TDH vs GPM				inches below pipe
Conditions:				inches above pipe inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE		EPTIC SYSTEM OR	REPAIR AREA.	4444
**If applicable: I understand the system type specified is different from	the type specifi	ied on the application	on. I accept the specifications of	of this permit.
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the site plan, plat, or the intended use	changes. The Constru	ction Authorization shall no		in ownership of the site. This
onstruction Authorization is subject to compliance with the provided of the Laws and Rules for				EE ATTACHED SITE SKETCH
	26H3 Bruction Author	Date: ization Expiration	: 7 17 13 Date: 7 17 18	

## Harnett County Department of Public Health Site Sketch

ISSUED TO: HEAVER HOMES	PROPERTY LOCATON: OLO 421  SUBDIVISION SHAYLANS KNOLL LOT # 28
Authorized State Agent:	DEHS (OLIVERTOLISDORD) Date: 7 17/13
200'	Date: 7 17 13  Date: 7 17 13  Date: 7 17 13  Date: 7 17 13
	V
21 W	DEEON WAY