HTE# 135-31945

## Harnett County Department of Public Health

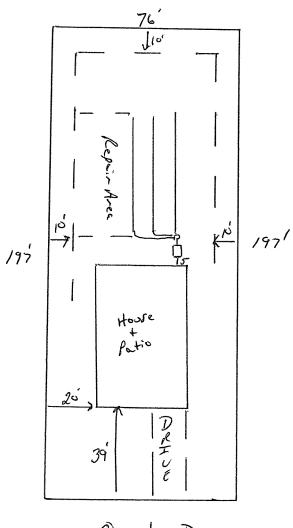
27607

## Improvement Permit

• • • • • • • • • • • • • • • • • • • •	PROPERTY LOCATION	· 27 Wert	L	
ISSUED TO: Weaver Homes	SUBDIVISION 7	Cases Person	te	LOT # 210
NEW ☑ REPAIR □ , EXPANSION □			red prior to Construction A	
Type of Structure: <u>SFO 69 x 40'</u>	310	i improvementa regui	rea prior to construction A	ithorization issuance.
Proposed Wastewater System Type: 25 % Reduction Sys	tem		······································	
Projected Daily Flow: 360 GPD	<del>1</del>			
Number of bedrooms: Number of Occupants:	max			
Basement 🗆 Yes 🖾 No				
Pump Required: □Yes □ No □ May be required based on t	final location and elevations	of facilities		, , , , , , , , , , , , , , , , , , ,
Type of Water Supply: ☐ Community ☐ Public ☐ Well			Permit valid for	: Five years
Permit conditions:				☐ No expiration
				•
A ALCO DE SUITE		21/2013		
Authorized State Agent: Lynn Missing REIL		<del></del>		ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance site is subject to revocation if the site plan, plat, or the intended use changes. The Impro the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
Cor	nstruction Autho	orization		
	(Required for Building			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, with the attached system layout.	` .	,	to this permit and shall be met. S	rstems shall be installed in accordance
ISSUED TO: Weaver Homes	DDODEDTV 10	CATION: 27 63	vac 4	
1330ED 10: OFENER HENCE	FRUTERII LUI	CATION: Q / Q	vert Vointe	107 4 276
Facility Type: SFD	7. ZORDIAIZION Z	1 ingen 1	onte	LOT # 210
	•	□ Repair		
Basement?  Yes No Basement Fixtures? Ye				<b>_</b> .
Type of Wastewater System** 25% Reduction S	1stem		_ (Initial) Wastewater Fl	ow: <u>360                                    </u>
(See note below, if applicable				
25% Reduction Just	Len (Re	epair)		
Installation Requirements/Conditions Number of	trenches			
Septic Tank Size /OOO gallons Exact lengt	h of each trench <u>50</u>	) feet	Trench Spacing:	Feet on Center
	all be installed on conto		Soil Cover: 6-/8	inches
	rench Depth of: 18-3		(Maximum soil cover sl	
	toms shall be level to +		36" above the trench	
in all direct		7 17 1	Jo above the trench	bottom
	.10113)			inahaa halaw nina
Pump Requirements:ft. TDH vs GPM			A D4h-	inches below pipe
e re			Aggregate Depth:	inches above pipe
Conditions:			<del></del>	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FRO NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD		IC SYSTEM OR RE	PAIR AREA.	
**If applicable: / understand the system type specified is different in	from the type specified o	on the application. I	accept the specifications	of this permit.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan, plat, or the intend-	ed use changes. The Construction	Authorization shall not be	transferred when there is a chang	e in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Ru				SEE ATTACHED SITE SKETCH
0			-//	· · · · · · · · · · · · · · · · · · ·
Authorized State Agent: Lyng Morain REHS		Date:	5/21/2013 te: <u>8/21/2</u> 018	
<i>_</i> .	Construction Authorizati	ion Expiration Dat	te: <u>8/21/2018</u>	**************************************

## Harnett County Department of Public Health Site Sketch

, P	ROPERTY LOCATON: 27 West	
ISSUED TO: Deaver Homes	SUBDIVISION Tingen Pointe	LOT # <u>210</u>
Authorized State Agent: Sugar Miliain, RENS	Date: 8/21/2013	



Omaha Dr.