HTE# 13-5-31986

## Harnett County Department of Public Health

27663

**Improvement** Permit

A building permit cannot be issued with only an Improvement Permit

1	PROPERTY LOCAT	ION: UM	ANA Va		
ISSUED TO: WEAVER HOMES	_ SUBDIVISION _	TINGEN	POINTE		LOT # 273
NEW REPAIR EXPANSION		Site Improveme	ents required prior	to Construction Author	rization Issuance:
Type of Structure: 5 FD (45745)	_				
Proposed Wastewater System Type: 25% RGDUCTION					
Proposed Wastewater System Type: 25% Resuct 10m Projected Daily Flow: 480 GPD					
Number of bedrooms: 4 Number of Occupants: 😤	_max				
Basement 🗆 Yes 📉 No					
Pump Required: 🗆 Yes 🛛 🗆 No 🛛 🔀 May be required based on final I					
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distar	nce from well <u>t</u>	<u>00</u> fe	et	Permit valid for:	🔀 Five years
Permit conditions:					🗆 No expiration
	·				
Authorized State Agent::	,→≶ Date:	9513		SEE ATT	ACHED 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 Bermit 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**

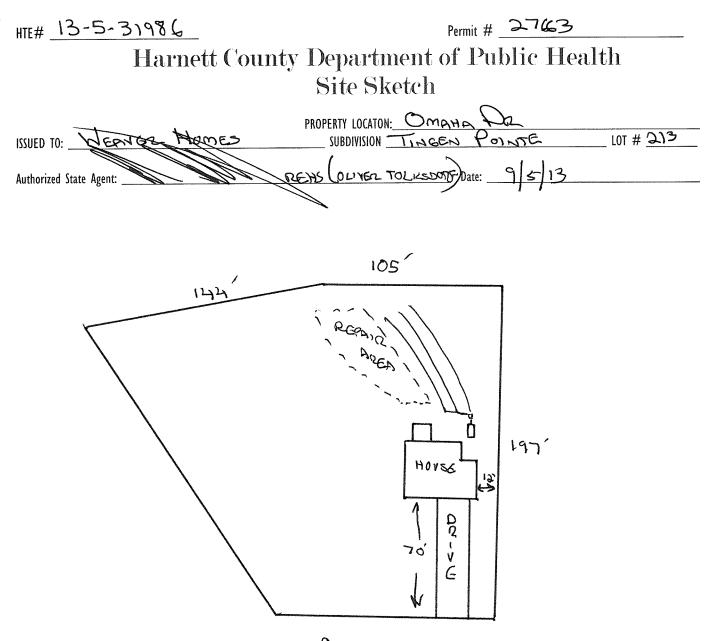
(Required for Building Permit)

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:	MANA Da
	SUBDIVISION LINGEN	
Facility Type: 500 (45' 245)	🔀 New 📮 Expansion 🛛 Repair	
Bacamant? Vac No Bacamant Fixt	ures? 🗆 Yes 🗡 No	
Type of Wastewater System**	EDUCTION SYSTEM	(Initial) Wastewater Flow: <u>480</u> GPD
(See note below, if applicable $\Box$ )		
25% R	EOUCSINN (Repair)	
Installation Requirements/Conditions	Number of trenches	_
Septic Tank Size 1000 gallons	Exact length of each trench 70 feet	Trench Spacing: Feet on Center
Pump Tank Size <u>LOOO</u> gallons	Trenches shall be installed on contour at a Maximum Trench Depth of:	Soil Cover: <u>6-12</u> inches
(IF MEEDED)	Maximum Trench Depth of: <u>3</u> ic 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	inches below pipe
		Aggregate Depth: inches above pipe
Conditions:		inches 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 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 Authorization shall not be					
Construction Authorization is sobject to compliance with the provisions of the laws and Rules for Sewage Treatment and Disposal and to the condition	ons of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Construction Authorization Expiration Date:					



OMAHA DRIVE

\* RUN IST & LINES 24" DEEP RUN 3RD LINE 18" DEEP