HTE# 13-5- 32333

Harnett County Department of Public Health

Improvement Permit

27591

A building permit cannot be issued with only an Improvement Permit ISSUED TO: Weaven Homes

FYPANSION | PROPERTY LOCATION: OPENING |

SUBDIVISION | Regal Crest |

Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% 1260 UTTON System Projected Daily Flow: 480 GPD Number of bedrooms: ________ Number of Occupants: _______ max Basement □Yes Pump Required: ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilities

Type of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _________ feet Five years Permit valid for: Permit conditions: ☐ No expiration Authorized State Agents

Date: 10-24-13

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way gharantees 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, .1954, .1955, .1956, .1955, .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: 80 1418 Nover RS SUBDIVISION Repair

No Basement Fixtures? Yes No Type of Wastewater System** 25% New Uron System (Initial) Wastewater Flow: 480 GPD (See note below if applicable 1) (See note below, if applicable □) Pump TO / 25% Não voron (Repair) **Installation Requirements/Conditions** Exact length of each trench _______ feet Trench Spacing: ______ Feet on Center Trenches shall be installed on contour at a Soil Cover: _______ inches Septic Tank Size 1200 gallons Pump Tank Size _____ gallons Maximum Trench Depth of: 24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Aggregate Depth: ______ inches below pipe inches above pipe ______ inches total Pump Requirements: ft. TDH vs. GPM 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: / 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: _ Uwner/Legal Representative Signature:

This Construction Authorization is subject to revocation if 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 es & Manhan IR Ten Authorized State Agent:

Harnett County Department of Public Health Site Sketch

