HTE# 14-5-33537

Harnett County Department of Public Health

28019

Improvement Permit

A Duilding permit cal	PROPERTY LOCATION: Wioceon Way	
ISSUED TO: WEAVER HOMES		14
	Site Improvements required prior to Construction Authorization Issuance:	17
NEW Structure: REPAIR EXPANSION Type of Structure:	site improvements required prior to construction Authorization issuance.	
Proposed Wastewater System Type: 25% REDUCTION SYS	The management of the second o	***************************************
Projected Daily Flow: 600 GPD		
Number of bedrooms: 5 Number of Occupants: 10	max	
Basement 🗆 Yes 📈 No		
Pump Required: □Yes No □ May be required based on final	location and elevations of facilities	
Type of Water Supply: Community Public Well Dista	ance from well 100 feet Permit valid for:	
Permit conditions:	No expiration	n
Authorized State Agent::	·	
	Date: 3 5 7 3 SEE ATTACHED SITE SKETCH ther permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.	
	the permits. The permit inducer is responsible for checking with appropriate governing bodies in meeting their requirement. The entity is subject to compliance with the providence of the compliance with the providence with the providence of the compliance of the compliance with the providence of the compliance of the complia	
<u>Const</u>	ruction Authorization	
<u>(Re</u>	equired for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195 with the attached system layout.	57, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in acco	ordance
ISSUED TO: MERNER HOMES	PROPERTY LOCATION: WIOCEON WAY	
Facility Type: SFD(66'×60') New	SUBDIVISION THOMAS MANOR LOT # 1	4
Facility Type: STDC New	· · · · · · · · · · · · · · · · · · ·	
Basement? Yes No Basement Fixtures? Yes	No System (Initial) Wastewater Flow: GOO	
,,	System (Initial) Wastewater Flow: GOO	GPD
(See note below, if applicable)	System (Repair)	
Installation Requirements/Conditions Number of tren		
	f each trench 115 feet Trench Spacing: 9 Feet on Center	
	be installed on contour at a Soil Cover: 6-12 inches	
	ch Depth of: 18-24 inches (Maximum soil cover shall not exceed	
	is shall be level to +/-1/4" 36" above the trench bottom)	
`	,	
in all directions		
Pump Requirements:ft. TDH vs GPM	inches belo	
C	Aggregate Depth: inches abo	
Conditions:	inche	s total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE		
**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	e 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		
Authorized State Agent:	Date: 8/5/14	
Conc	Struction Authorization Expiration Date: 8519	

Permit # <u>28019</u>

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: WIDGEON WAY	
ISSUED TO: WEAVER HOMES	SUBDIVISION THOMAS MANOR	LOT # <u>\니</u>
	BEHS (OLIVER TOLKSDORD) Date: 8/5/14	
Authorized State Agent:	PERS COCINEIT TOTIGNOTON Date: A 2 12	

