HTE# 15-5-35478

Harnett County Department of Public Health

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A	building	permit	cannot	be	issued	with	only	an	Improvement Permit

	PROPERTY LOC	ATION: WIDS	GON WA	4	
ISSUED TO: MEANER DEVELOPMENT	SUBDIVISION	Thomas	MANOR		LOT # <u>\3</u>
NEW 🛛 REPAIR 🗆 , EXPANSION 🗆		Site Improveme	ents required prior	to Construction Autho	rization Issuance:
Type of Structure: <u>SEO (557247)</u>					
Proposed Wastewater System Type: 25% CEDUCTION	_				
Projected Daily Flow: 360 GPD		<u></u>			
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u>	_max				
Basement 🗆 Yes 🔍 No					
Pump Required: 🗆 Yes 🗡 No 🛛 🗆 May be required based on final I	location and elev	ations of facilities	5		N .
Type of Water Supply: 🗆 Community 🛛 Public 🗖 Well Distar	nce from well	100 fe	et	Permit valid for:	Five years
Permit conditions:					\Box No expiration
WY Card I	6				
Authorized State Agent::		3/6/15			TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of the site of extrement is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	er permits. The perm	it holder is responsible	e for checking with appr	opriate governing bodies i	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	. Fernint shall not be	anected by a change	in ownership of the site	e. This permit is subject to	compliance with the provisions of
o					
Constr	ruction Au	Ithorizatio	n		
(Rec	quired for Build	ling Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.			eferences into this permit	t and shall be met. System	s shall be installed in accordance
ISSUED TO: WEAVER DEVELORMENT	PROPERT	Y LOCATION:	WIDGEON	WAY	
	6115 B 11/16			0	

1550LD 10.			WILKII LUCATION.		I GCON THE	
0	\sim	SU	IBDIVISION	UMAS	MANOR	LOT # <u>\3</u>
Facility Type: SFO (52	×477)	New 🗆	Expansion 🗌	Repair		
Basement? 🗆 Yes 🖹 🖹 No	Basement Fixtu	res? I Yes X No REDUCTION) ~			
Type of Wastewater System**	25%	KEDUCKION	>75 TGM		(Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable D)		_				
_	LPE	·	(Repair)			
Installation Requirements/Condition		Number of trenches			C	
Septic Tank Size <u>1000</u>	gallons	Exact length of each tre	nch <u>40</u>	feet	Trench Spacing:	_ Feet on Center
Pump Tank Size	gallons	Trenches shall be installe	-		Soil Cover: 6-12	inches
		Maximum Trench Depth	of: 12-24	inches	(Maximum soil cover shall	not exceed
		(Trench bottoms shall be	e level to +/-1/4"		36" above the trench bot	tom)
		in all directions)				
Pump Requirements:	ft. TDH vs	GPM				inches below pipe
					Aggregate Depth:	inches above pip
Conditions:						inches tota

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 acce	ept 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 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	his permit. SEE ATTACHED SITE SKETCH							
Authorized State Agent: Date: Construction Authorization Expiration Date:	3/620							



