HTE# 15-5-36881

Harnett County Department of Public Health

28526

Improvement Permit

A	building	permit	cannot	be	issued	with	only	an Improvement	Permit
									~ 11.

PROPERTY LOCA	TION: KOBSER KITIMAN	
ISSUED TO: MEAVER HOMES INC SUBDIVISION	PITTMAN CROSSINC	LOT # <u>23</u>
NEW X REPAIR -EXPANSION ロ Type of Structure: SFO (ムンメらみ)	Site Improvements required prior to Construction Authorization	on Issuance:
Type of Structure: SFD (42×64)		
Proposed Wastewater System Type: Pump TO 2520 REDUCTION		
Projected Daily Flow: 360 GPD		
Number of bedrooms: <u>3</u> Number of Occupants: <u>6</u> max		
Basement 🗆 Yes 🔀 No		
Pump Required: 🖾 es 🗌 No 🛛 🗋 May be required based on final location and eleva	tions of facilities	,
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 🔄	LOO feet Permit valid for:	🛛 Five years
Permit conditions:		No expiration
Authorized State Agent:: Date:	8 28 15 SEE ATTACHE	D 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 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)

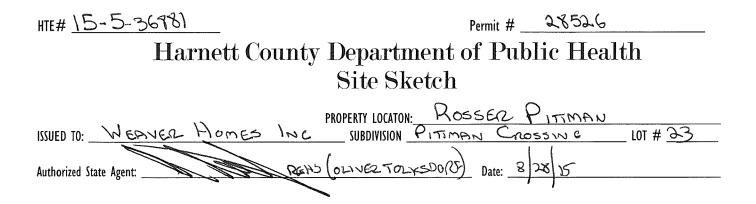
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

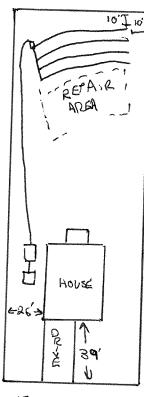
ISSUED TO: WEAVER HOMES	PROPERTY LOCATION: Rosa	SER PITMAN
	CUDDIVICION PIEMO	U CROSSING LOT # 23
Facility Type: SFD (422464)	New 🗆 Expansion 🗆 Repair	
Basement? 🗆 Yes 🛛 🔀 No 🖉 Basement Fi	Xtures? [] Yes XNO 25% REDUCTION SYSTEM	
Type of Wastewater System** Pume To	25% REDUCTION SYSTEM	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable \Box) $P \cup m e^{-1}$	To 25% RED (Repair)	
Installation Requirements/Conditions	Number of trenches	<u>^</u>
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\underline{\neg \bigcirc}$ feet	Trench Spacing: Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on contour at a	Soil Cover: <u>G</u> inches
	Maximum Trench Depth of: <u>V8</u> 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: / 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 transferred whe	
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
Authorized State Agent: Date: Date: Construction Authorization Expiration Date:)5 28 20





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