HTE# 16-5-39406

Harnett County Department of Public Health

29003

Improvement Permit

A	PROPERTY LOCATION: FALFEX	
ISSUED TO: WEAVER HOMES	SUBDIVISION PITTMAN CROSSING	LOT # 2-7
Type of Structure: 500 (39" = 48")		ithorization issuance.
Proposed Wastewater System Type: 25% PGC	DUCTION SYSTEM	
Projected Daily Flow: 480 GPD		
Number of bedrooms: Number of Occup	pants:max	
Basement LiYes No		
Pump Required: ☐Yes ☐ No ☐May be requi	ired based on final location and elevations of facilities	\ <i>\</i>
Type of Water Supply: Community Public Permit conditions:	Well Distance from well 100 feet Permit valid for	r:
Authorized State Agent::	2675 Date: 8 25/16 SEE	ATTACHED CITE CHETCH
	tees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodi	ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subje	ct to compliance with the provisions of
	Construction Authorization	
	(Required for Building Permit)	
with the attached system layout.	754, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Sys	
ISSUED TO: WENNER HOMES	SUBDIVISION PITTMAN CROSSING	
Facility Type: SFO (39×48)	SUBDIVISION PITTMAN CLOSSING	LOT # _&フ
	New Expansion Repair	
	ures? Tyes KNO STETEM (Initial) Wastewater Flo	11970
	REDUCTION STOTEM (Initial) Wastewater Flo	ow: 480 GPD
(See note below, if applicable \square)	(0)	
	(Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench 300 feet Trench Spacing: 6	Feet on Center
Pump Tank Size gallons	1.0	
	Maximum Trench Depth of: 12 inches (Maximum soil cover sha	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench	bottom)
D. D	in all directions)	
Pump Requirements:ft. TDH vs		inches below pipe
C 11 C	Aggregate Depth:	
Conditions: TINIMOM OF 6 OF	COVER NEEDED OVER DRAINFIELD.	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:	
	at, 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 what 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:	06HS Date: 8 25 16	
Construction Authorization Expiration Date: 8 2 2		

Harnett County Department of Public Health Site Sketch



