HTE#17-5-41460

Harnett County Department of Public Health

Improvement Permit

<u>improvement</u> Fernit					
	building permit cannot be issued wit		nt Permit		
ISSUED TO: WEAVER HOMES	PROPERTY LOCA SUBDIVISION	ION: FANCE	AX DRIVE		
NEW REPAIR C . EXPANSIO	SUBDIVISION	PITTMAN	MOSSING	LOT # 10	
NEW DC REPAIR C EXPANSION Type of Structure: SEO (48 × 45)	DN L	Site Improvements re	equired prior to Construction Autho	rization Issuance:	
Proposed Wastewater System Type: 25% Rco	USIN Sum				
Projected Daily Flow: 360 GPD	UNION -75. EM				
Number of bedrooms: Number of Occu	6				
Basement \Box Yes R No	pants max				
	ired based on final location and eleva	tions of facilities			
Type of Water Supply: Community Public	Well Distance from well	foot	Permit valid for:		
Permit conditions:	Wen Distance nom wen		remit valid for:	Five years	
19 40-				No expiration	
Authorized State Agent::	REHS Date:	6717	SEE ATT	ACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarant	ntees the issuance of other permits. The permit	holder is responsible for ch	ecking with appropriate governing bodies in	menting their requirements. This	
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 a	ffected by a change in owr	ership of the site. This permit is subject to	compliance with the provisions of	
the caws and rules for sewage freatment and Disposal and to condition	is of this permit				
	C	1			
	Construction Aut	horization			
	(Required for Buildi	ng Permit)			
The construction and installation requirements of Rules .1950, .1952, .19	954, .1955, .1956, .1957, .1958. and .1959 an	incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance	
with the attached system layout.					
ISSUED TO: MEAVER HUMES	PROPERTY	LOCATION D	DOWL DOWLG		
		N PITTA	N CROSSING	LOT # 10	
Facility Type: SFD(48'×45)	New 🗆 Expansi	on 🗌 Repair	CILLOSING		
	tures? I Yes KNo	on in kepair			
	REDUCTION SYST	600	(Initial) Wastewater Flow:	300	
(See note below, if applicable \Box)			(Initial) Wastewater Flow:	SCO GPD	
(see note below, il applicable [])	DUCTIONS SYSTEM	(D			
Installation Requirements/Conditions		_(Kepair)			
Septic Tank Size 1000 gallons	Number of trenches 1	20	- I C I G		
	Exact length of each trench $3t$		Trench Spacing:		
Pump Tank Size gallons	Trenches shall be installed on co			nches	
	Maximum Trench Depth of: 18		(Maximum soil cover shall r		
	(Trench bottoms shall be level to	+/- /4"	36" above the trench bott	om)	
	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: 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 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.	
Authorized State Agent: Date:	

