Harnett County Department of Public Health

Improvement Permit

A building permit	cannot be issued with only an Improvement Permit
ISSUED TO: WEAVER HOMES FRE	PROPERTY LOCATION: 810 MANE UPCHURCH NS (SN 1574) SUBDIVISION STEPHESSON FARMS LOT # 3
2 2	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 3-3-2000 SFD Proposed Wastewater System Type: 2576 NESDOTION	
	3
Projected Daily Flow: 366 GPD Number of bedrooms: 3 Number of Occupants: 6	
	max
Basement Yes No	
	nal location and elevations of facilities
Type of Water Supply: Community A Public Well C	
Permit conditions:	No expiration
Authorized State Agent::	Date: 06/24/2030 SEE ATTACHED SITE SKETCH
	f other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	ement 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.	
Con	struction Authorization
<u></u>	(Required for Building Permit)
The construction and installation requirements of Rules 1950 1953 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 THE	
	SUBDIVISION STEPHENSON FARMS LOT # 3
Facility Type: 3-0=00000 S=0 1 N	ew Expansion Repair
Basement? Yes No Basement Fixtures? Yes	
Type of Wastewater System**	_
·	(IIIIIIai) Wastewater Flow 363 OFD
(See note below, if applicable)	
25% NEDUCTION	
·	renches3
Septic Tank Size 1000 gallons Exact length	of each trench Spacing: Feet on Center
Pump Tank Sizegallons Trenches sha	Il be installed on contour at a Soil Cover:inches
Maximum Tr	ench Depth of: 24 inches (Maximum soil cover shall not exceed
	oms shall be level to +/-1/4" 36" above the trench bottom)
in all directi	
Pump Requirements:ft. TDH vsGPM	inches below pipe
*	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM	M ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	AREA.
**If I I I I washed the material and it is the side of	
and applicable: I understand the system type specified is different from	om 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. SEE ATTACHED SITE SKETCH	
Communication is subject to compliance with the provisions of the Laws and hole	The Arrage recommend and posposal and to the conditions of this period.
Authorized State Agent:	MM Date: 06/24/2020
Questruction Authorization Expiration Date: 06/24/2025	

Harnett County Department of Public Health Site Sketch

