Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION, 106 Linda Lou Ln. (Mitchell Rd. - SR 1535) ISSUED TO: Weaver Homes Inc. subdivision Mitchell Manor EXPANSION Site Improvements required prior to Construction Authorization Issuance: REPAIR 🗍 Type of Structure: 3-Bedroom 48'x54' SFD Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 360 GPD Number of Occupants: 6 Number of bedrooms: 3 Basement Yes ⊠ No May be required based on final location and elevations of facilities ☐ No Pump Required: XYes Type of Water Supply: Community Public Well Distance from well NA feet X Five years Permit valid for: No expiration Permit conditions: Date: Authorized State Agent:

Date:

Date:

Date:

Description:

The 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 of 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 Inc. PROPERTY LOCATION: 106 Linda Lou Ln. (Mitchell Rd. - SR 15.) SUBDIVISION Mitchell Manor Facility Type: 3-Bedroom 48'x54' SFD Expansion Basement Fixtures? Yes Basement? Yes ⊠ No Pump to 25% Reduction System (Initial) Wastewater Flow: 360 **GPD** Type of Wastewater System** (See note below, if applicable) Pump to 50% Reduction System (Repair) Number of trenches 1 Installation Requirements/Conditions Exact length of each trench 225 Trench Spacing: 9 ____ Feet on Center Septic Tank Size 1000 _gallons Soil Cover: 12 Pump Tank Size 1000 Trenches shall be installed on contour at a gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 24 _inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. __ NA ____ inches below pipe Aggregate Depth: NA ____inches above pipe NA _ inches total Conditions: PUMP TO MEDIUM D. Besse 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. Date: Owner/Legal Representative Signature: 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 SEE ATTACHED SITE SKETCH Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sew ge Treatment and Disposal and to the conditions of this permit. Authorized State Agent: ___

Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

