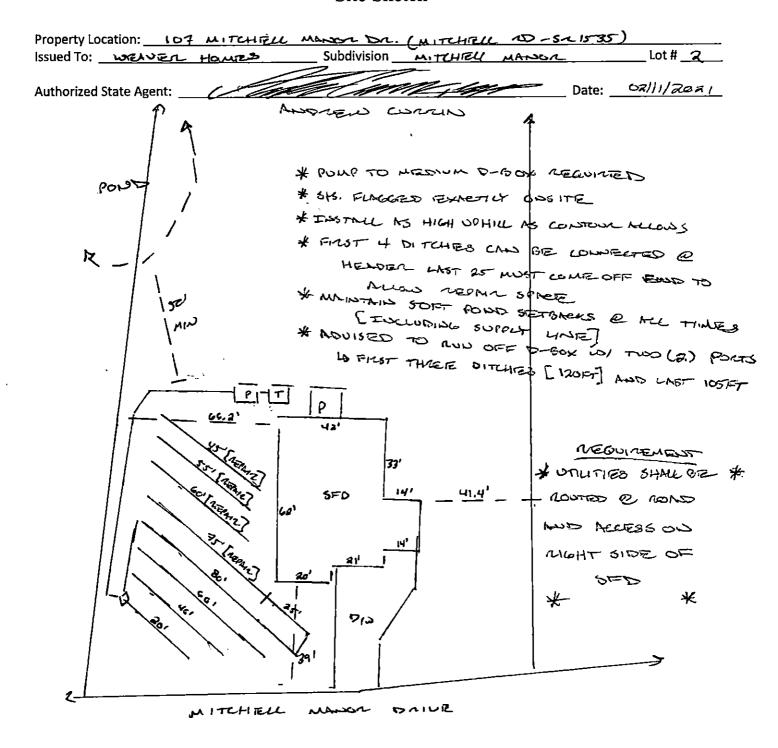
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 107 Mitchell Manor Dr. (Mitchell Rd. - SR 1 ISSUED TO: Weaver Homes Inc. subdivision Mitchell Manor REPAIR 🗌 EXPANSION T Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 42x62 sfd, 3 beds 2.5 baths Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 360 Number of bedrooms: 3_ Number of Occupants: 6 Basement Yes May, be required based on final location and elevations of facilities ☐ No Type of Water Supply: Community Public Well Distance from well NA feet **⊠** Five years Permit valid for: Permit conditions: _ No expiration Authorized State Agent:: _ Date: Authorized state Agent.

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. This 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. . 1952. . 1955. . 1955. . 1955. . 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: 107 Mitchell Manor Dr. (Mitchell Rd. - SI SUBDIVISION Mitchell Manor LOT # 2 Facility Type: 42x62 sfd. 3 beds 2.5 batl ■ Expansion Repair Basement? Yes **⋈** No Basement Fixtures? Yes Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 (See note below, if applicable) 25% Reduction System _(Repair) Installation Requirements/Conditions_ Number of trenches 1 Septic Tank Size 1000 Exact length of each trench 225 ____galions Trench Spacing: 9 Feet on Center Pump Tank Size 1000 Soil Cover: 12_ Trenches shall be installed on contour at a Maximum Trench Depth of: 24 (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. NA ____ inches below pipe Aggregate Depth: NA ____ inches above pipe Conditions: Pump to Medium D-Box Required inches total NA 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. **Il applicable: Lunderstand the system type specified is different from the type specified on the application. Laccept the specifications of this permit. 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 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, Construction Authorization Expiration Date: _

Harnett County Department of Public Health Site Sketch



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.