

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 15649 McDougald Rd (SR1229)
 SUBDIVISION _____ LOT # _____

ISSUED TO: Weaver Homes

NEW REPAIR EXPANSION
 Type of Structure: 78' X 56' SFD
 Proposed Wastewater System Type: Low profile chamber
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet
 Permit valid for: Five years No expiration
 Permit conditions: _____

Authorized State Agent: *M. A. REH* Date: 05-03-21 SEE ATTACHED SITE SKETCH
 The issuance of this 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 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, .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 PROPERTY LOCATION: 15649 McDougald Rd (SR1229)
 SUBDIVISION _____ LOT # _____

Facility Type: 78' X 56' SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Low profile chamber (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable
Low profile chamber w/ manifold (Repair)

Installation Requirements/Conditions Septic Tank Size <u>1000</u> gallons Pump Tank Size _____ gallons	Number of trenches <u>1</u> Exact length of each trench <u>330</u> feet Trenches shall be installed on contour at a Maximum Trench Depth of: <u>8</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	Trench Spacing: <u>9</u> Feet on Center Soil Cover: <u>6</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
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Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe _____ inches total
 Conditions: Bring in 6" of cover for drain field

**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. SEE ATTACHED SITE SKETCH

Authorized State Agent: *M. A. REH* Date: 05-03-21
 Construction Authorization Expiration Date: 05-03-26

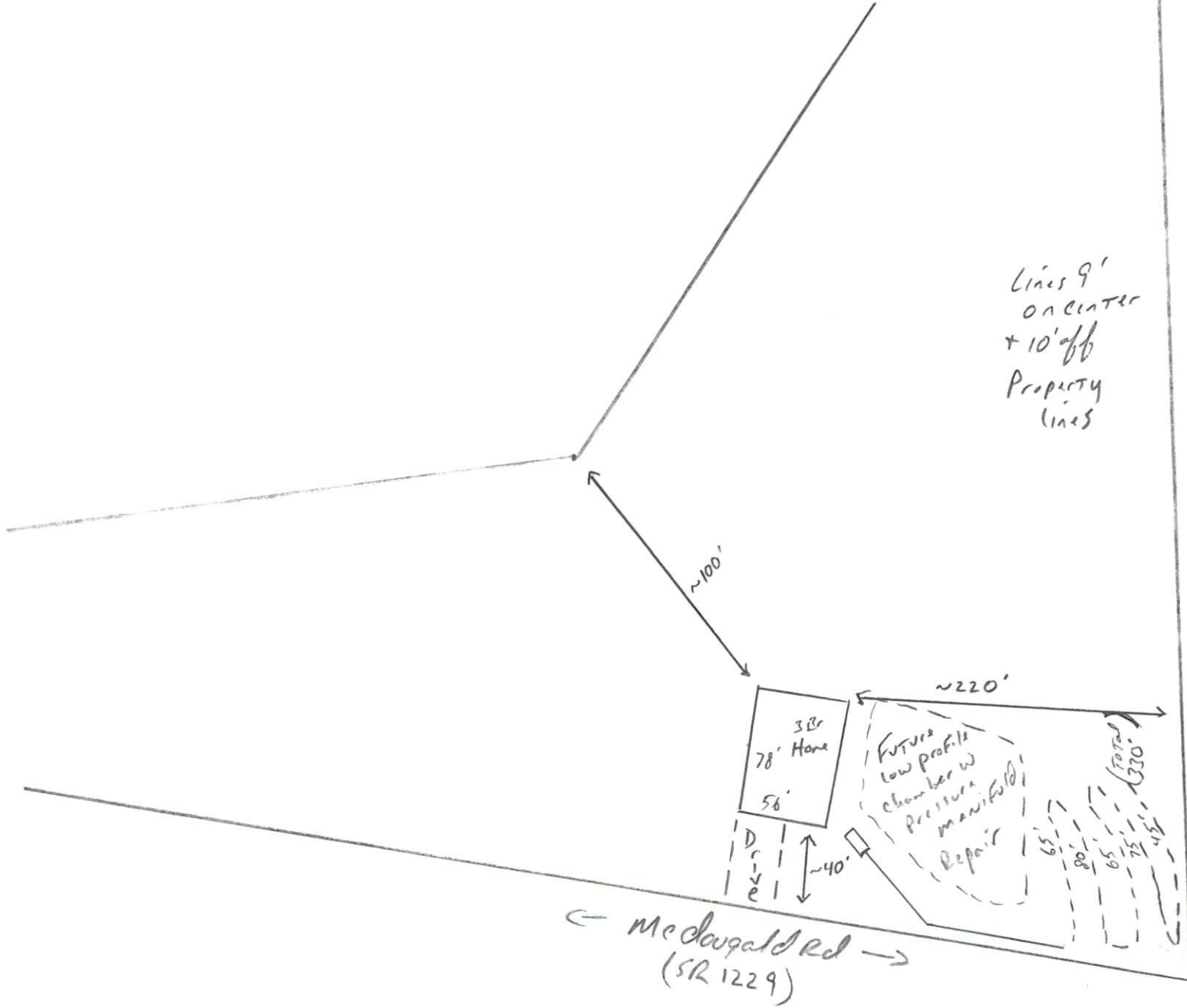
Application # SFD2103-0072

Harnett County Department of Public Health Site Sketch

Property Location: 15649 McDougald Rd (SR1229)

Issued To: Weaver Homes Subdivision _____ Lot # _____

Authorized State Agent: Moh R. REED Date: 05-03-21



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

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: CLP

LOT (1) McDougal Rd

INITIAL SYSTEM: LOW PROFILE CHAMBER

REPAIR: LOW PROFILE CHAMBER

DISTRIBUTION: SEPMAL

DISTRIBUTION PRESSURE MANIFOLD

BENCHMARK: 100.0

LOCATION RIGHT FRONT CORNER

NO. BEDROOMS: 3

LTAR 0.4 GPD/FT²

LINE	FLAG COLOR	ELEVATION	LENGTH
1	Y	104.08	40'
2	GY	103.58	55'
3	BR	103.08	70'
4	Y	102.75	45'
5	P	102.42	50'
6	W	102.08	40'
			<u>300'</u>
7	B	101.75	65'
8	P	101.58	80'
9	B	101.34	65'
10	W	101.34	75'
11	B	101.25	45'
			<u>330'</u>

Initial
swtch

BY M EAKER

DATE 04/20/21

TYPICAL PROFILE (INITIAL)

THERE SHALL BE NO GRADING,

0-10 LF (V.F. w/1)

CUTTING, LOGGING OR OTHER SOIL

10-36+ SCL (F₁, SK16)


DISTURBANCE IN SEPTIC AREA

cc 2/PM \geq 22"

HEALTH DEPARTMENT USE ONLY.

DESIGNS DO NOT GUARANTEE FUNCTIONALITY

INSTALL AT 8". ADD 6"
COVER OVER SYSTEM

 DO NOT DISTURB THIS AREA.
ANY DISTURBANCE MAY RUIN
ALTER SYSTEM DESIGN/REQUIRE
REPAIRS