Harnett County Department of Public Health

Improvement Permit

A bui	lding permit cannot be issued wit	h only an Improve	ment Permit	
ISSUED TO: WEAVER HOMES		TION: 199	WEST PARK LN	10T # 6
	SUBDIVISION			
NEW REPAIR EXPANSION Type of Structure: SFO (27 ~ 18)		site improvement	s required prior to Construction Auth	orization issuance.
Proposed Wastewater System Type: 25% REDUC	TION SYS.			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occupant	s: K max			
Basement Yes No				
Pump Required: Yes No May be required	based on final location and eleva	ations of facilities		_
Type of Water Supply: Community Rublic	Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				No expiration
	REHS Date:	2/27/	2) ((()	TTACHED CITE CHETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees		holder is responsible in		TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use change				
the Laws and Rules for Sewage Treatment and Disposal and to conditions of	this permit.		A	
	Construction Au	thorization		
	(Required for Build		*	
The construction and installation requirements of Rules .1950, .1952, .1954,			ences into this permit and shall be met. Syste	ms shall be installed in accordance
with the attached system layout.				
ISSUED TO: WEAVER HOMES	DDODEDTY	LOCATION: 1	99 WEST PAOK)	W
	PROPERTY	ON WEST	99 WEST PARK)	LOT # 6
Facility Type: SFD (27 +48)				101 #
	SUCKION DNO	F.m	/I=141-15 W	360 000
	3001104 3731		(Initial) Wastewater Flow	: _ 36 () GPD
(See note below, if applicable)	0 5 x5	(Di-)		
		(Repair)		
	lumber of trenches1	226 (et Trench Spacing: 9	f f
	xact length of each trench			
,	renches shall be installed on c	116		_inches
			the Committee and the control of the	
	Trench bottoms shall be level t	to +/-1/4"	36" above the trench bo	ottom)
	n all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	. ,
Conditions:				inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE	10FT. FROM ANY PART OF S	SEPTIC SYSTEM	OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	IN FIELD AREA.			
** If applicable: I understand the system type specified is	different from the type specifi	ied on the annlies	ation I accent the specifications of	I this parmit
**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:	
	or the intended use changes. The Constru	ection Authorization shall		a awarethin of the cita. This
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				
		und to the	JE	mente ente enterent
Authorized State Agents	REHS	D.	repete	
Authorized State Agent: Construction Authorization Expiration Date:				
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Harnett County Department of Public Health Site Sketch



