## Harnett County Department of Public Health

Improvement Permit

A D	uilding permit cannot be issued with only an improvement re	Hill Ln, Lillington (SR 1369)			
Clayton Homes of Sanford	CURDIVISION MASON HILL	LOT # 29			
	SUED 10: Claytoff Formers of Carmord Supplies Authorization Israeles				
NEW REPAIR EXPANSION  Type of Structure: 28' x 56' DWMH					
Proposed Wastewater System Type: 25% reduction	n				
Projected Daily Flow: 360 GPD	II————				
Number of bedrooms: 3 Number of Occupat	nts: <u>6</u> max				
Basement Yes No					
Pump Required: TYes No May be require	d based on final location and elevations of facilities	_			
Type of Water Supply: Community Public	Well Distance from wellfeet	Permit valid for: Five years			
Permit conditions:		No expiration			
1/1/04	Date: _12-16-2020	SEE ATTACHED SITE SKETCH			
Authorized State Agent:: Mah Sharing	es the issuance of other permits. The permit holder is responsible for checking				
the issuance of this permit by the health Department in no way guarante site is subject to revocation if the site plan, plat, or the intended use cha	nges. The Improvement Permit shall not be affected by a change in ownershi	p 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, 195	4, 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: Clayton Homes of Sanford	DRODERTY LOCATION: 459 M	ason Hill Ln, Lillington (SR 1369)			
ISSUED TO: Clayton Florings of Samon	SUBDIVISION Mason Hill				
1-35- 1 28' V 56' DWMH	and the second s				
Facility Type: 28' x 56' DWMH  Basement? Tyes No Basement Fixtu	res? Yes No				
	CONTRACTOR OF THE PROPERTY OF	(Initial) Wastewater Flow: 360 GPD			
Type of Wastewater System** 25% reduction	711	_ (mital) Wastewater Flow 0.5			
(See note below, if applicable □) 25% reducti	OD (Panair)				
50 V/89 (11) 50 19 (0.37) 939-527	On (Repair) Number of trenches 3				
Installation Requirements/Conditions		rench Spacing: 9 Feet on Center			
Septic Tank Size 1000 gallons		init Cover: 6inches			
Pump Tank Sizegallons	Treffered Strain De Histainee on Control.	(Maximum soil cover shall not exceed			
	Maximum Trench Depth of: 18-26 inches				
	(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	36" above the trench bottom)			
	in all directions)	inches helew pipe			
Pump Requirements:ft. TDH vs	_GPM	inches below pipe			
		Aggregate Depth: inches above pipe			
Conditions: If converting to a 1 line sy	<u>stem, a french drain will be required</u>	1 <u>2</u> Inches total			
upslope of the drain line					
WATER LINES (INCLUDING IRRIGATION) MUST BE	10FT. FROM ANY PART OF SEPTIC SYSTEM OR RE	PAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE	AIN FIELD AREA.				
	is different from the type specified on the application. I	accent the specifications of this permit			
"Il applicable: I understand the system type specified	is officient from the type specified on the application.	accept the specimeations of this permit.			
O Bearwasteine Signature:		Date:			
Owner/Legal Representative Signature:	at, or the intended use changes. The Construction Authorization shall not be				
	the Laws and Rules for Sewage Treatment and Disposal and to the conditions				
A . O.					
Australia State Assess	Date: 1	2-16-2020			
Authorized State Agent:	Construction Authorization Expiration Date	12-16- 2025			
I	Construction Authorization Expiration Dat	C. 16-10-			

## Harnett County Department of Public Health Site Sketch

Property Location: 459 Mason Hill Ln, Lillington (SR1369)				20	
Issued To: Clayton Homes of San	ford	Subdivision Mason Hill		Lot # _	2
Authorized State Agent:		Oh REHV	Date:	12-16-2020	

