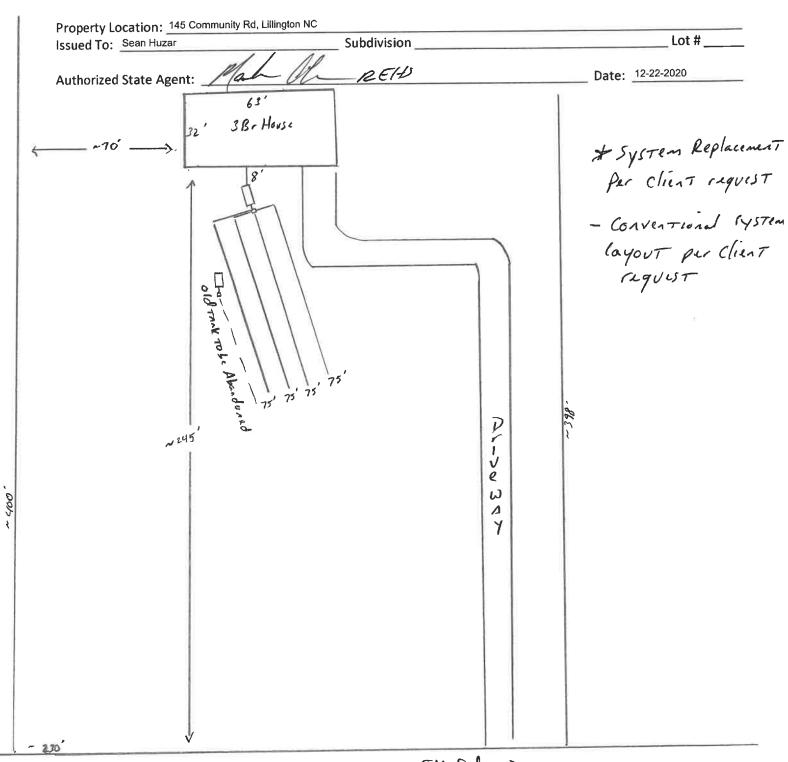
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 145 Community Rd, Lillington, NC ISSUED TO: Sean Huzar SUBDIVISION EXPANSION | Site Improvements required prior to Construction Authorization Issuance: NEW | Type of Structure: Proposed Wastewater System Type: Projected Daily Flow: Number of Occupants: ____ Number of bedrooms: Basement Yes May be required based on final location and elevations of facilities ☐ No Pump Required: Yes Permit valid for: Five years Public Well Distance from well _______feet Type of Water Supply: Community No expiration Permit conditions: SEE ATTACHED SITE SKETCH Authorized State Agent:: 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. PROPERTY LOCATION: 145 Community Rd, Lillington NC ISSUED TO: Sean Huzar NOISIVIDAUS X Repair Facility Type: SFD Expansion Basement Fixtures? Yes X No Basement? TYes (Initial) Wastewater Flow: _____ GPD Type of Wastewater System** (See note below, if applicable 🔲) Conventional Number of trenches 4 Installation Requirements/Conditions Trench Spacing: 9 ____ Feet on Center Exact length of each trench 75 Septic Tank Size 1000 _gallons Soil Cover: 6 Trenches shall be installed on contour at a Pump Tank Size _____ gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 18-22 _inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ____ft. TDH vs. ___ Conditions: 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 Sewage Treatment and Disposal and to the conditions of this permit. Date: 12-22-2020 Authorized State Agent: ___ Construction Authorization Expiration Date: 12-22-25

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.