Harnett County Department of Public Health

Improvement Permit

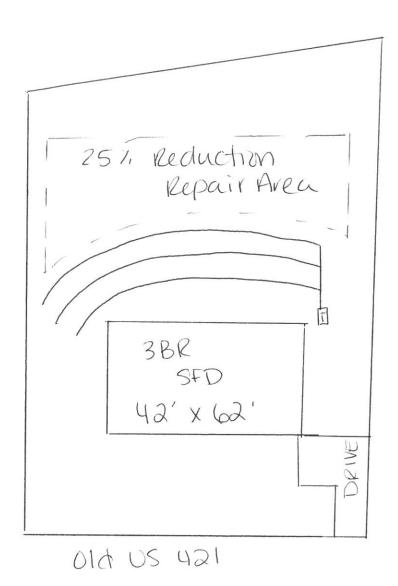
A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 6615 Old US 421, Lillington	
ISSUED TO: Weaver Homes	SUBDIVISIONLOT # 1-E	
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SFD 42'x62'		
Proposed Wastewater System Type: 25% Reduction		
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6		
Number of bedrooms: 3 Number of Occupants: 6 Number of Occupants: 6	nax	
Pump Required: Yes No May be required based on final lo	eation and elevations of facilities	
	e from well feet Permit valid for: 🔀 Five years	
Permit conditions:	No expiration	
Territe Conditions.	http://doi.	
0 11 6.1		
Authorized State Agent:	Date: 4/8/2020 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	
	ermit 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.		
<u> </u>	2 A.J. 1 2	
Constru	<u>iction Authorization</u>	
(Requ	ired for Building Permit)	
	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: 6615 Old US 421, Lillington	
	SUBDIVISION LOT # 1-E	
Facility Type: SFD 42'x62'	Expansion Repair	
· · · ·	⊠ No	
	(Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable)	70 - 1	
_25% Reduction	(Repair)	
Installation Requirements/Conditions Number of trench		
	ach trench 300feet	
	installed on contour at a Soil Cover: 6inches	
Maximum Trench	July 1987 - December 1984 and the Control of the Co	
(Trench bottoms s	hall be level to +/-1/4" 36" above the trench bottom)	
in all directions)		
Pump Requirements:ft. TDH vsGPM	inches below pipe	
	Aggregate Depth: inches above pipe	
Conditions:		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	V PART OF CEPTIC CYCTEM OR DEPAIR AREA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA		
**If applicable: 1 understand the system type specified is different from the	the type specified on the application. I accept the specifications of this permit.	
Owner/Legal Representative Signature:	Date:	
	anges. 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 Bules for Se		
12 11/11		
Authorized State Assets Death All March 17 Days 4/0/2020		
Authorized (tate Agent:	FH< 1 Date: 4/8/2020	
Authorized State Agent:	Date: 4/8/2020 Oction Authorization Expiration Date: 4/8/2025	

Application # <u>SFD2003</u>-0006

Harnett County Department of Public Health Site Sketch

Property Location: 66 15 010 US 42 LI	llinaten
Issued To: Neaver Homes Subdivision	Lot # [E
Authorized State Agent: But ach REHS-I	Date: 4 7 2020



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