## Harnett County Department of Public Health

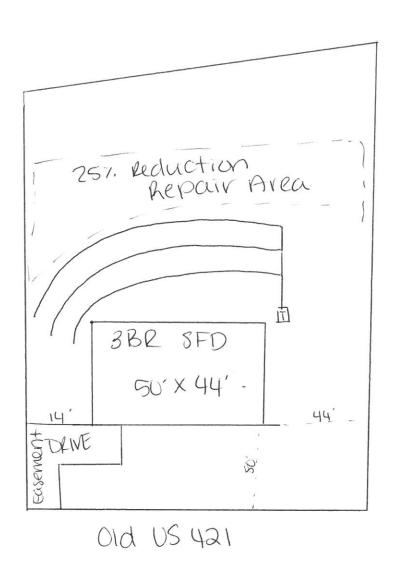
## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

VA/		31 Old	US 421, Lillington			
ISSUED TO: Weaver Homes	SUBDIVISION			LOT # 1-D		
NEW REPAIR EXPANSION Type of Structure: SFD 50'x44'	Site Impro	vements rec	uired prior to Construction Author	orization Issuance:		
Proposed Wastewater System Type: 25% Reduction						
Projected Daily Flow: 360 GPD	_					
Number of bedrooms: 3 Number of Occupants: 6	max					
Basement Yes X No	_max					
Pump Required: ☐Yes ☐ No ☒ May be required based on final	location and elevations of faci	ilities				
	nce from well		Permit valid for:	Five years		
Permit conditions:				■ No expiration		
211-1						
HAMMA OF	V-T . 1/0/200	00	APP. 43	TACUED CITE CHERCIA		
Authorized State Agent:  The issuance of this permit by the Health Department in no way guarantees the issuance of other permits by the Health Department in no way guarantees the issuance of other permits by the Health Department in no way guarantees the issuance of other permits by the Health Department in no way guarantees the issuance of other permits by the Health Department in no way guarantees the issuance of other permits by the Health Department in no way guarantees the issuance of other permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the issuance of the permits by the Health Department in no way guarantees the permits by the Health Department in no way guarantees the permits by the Health Department in no way guarantees the permits by the Health Department in no way guarantees the permits by the Health Department in no way guarantees the permits by the perm	Date: 4/8/202			TACHED SITE SKETCH		
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	er permits. The permit holder is respo t Permit shall not be affected by a cl	onsible for che hange in owne	cking with appropriate governing bodies rship of the site. This permit is subject t	o compliance with the provisions of		
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			Particular and Same Same Processor and Control			
		OHP .				
Const	ruction Authoriza	tion				
	guired for Building Permit)					
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .195		by references	into this permit and shall be met. System	ns shall be installed in accordance		
with the attached system layout.						
ISSUED TO: Weaver Homes	PROPERTY LOCATION-	6631	Old US 421, Lilling	aton		
133000 10.	SUBDIVISION	0001	Old OO IZ I, EIIIII,	LOT # 1-D		
Facility Type: SFD 50'x44'		Repair				
Basement? Yes No Basement Fixtures? Yes	⊠ No	a nepan				
Type of Wastewater System** 25% Reduction	<u> </u>		(Initial) Wastewater Flow:	360 GPD		
(See note below, if applicable )			(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	010		
25% Reduction	(Repair)					
Installation Requirements/Conditions Number of tren						
	each trench 300	feet	Trench Spacing: 9	Feet on Center		
	e installed on contour at a			_inches		
	Depth of: 18	inches	(Maximum soil cover shall			
	shall be level to +/-1/4"		36" above the trench bo			
in all directions			Jo above the trenen bo	ttom)		
Pump Requirements:ft. TDH vsGPM				inches below pipe		
rump requirements.			Aggregate Depth:	inches above pipe		
Conditions:			Aggregate Deptil.	inches total		
conditions.				menes total		
WATER LINES (INCLUDING IRRICATION) MILET DE 10ET EROM	NV DADT OF CERTIC CVC	TCM OD D	CDAID ADEA			
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A		IEM UK K	EPAIK AKEA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	Α.					
**If applicable: 1 understand the system type specified is different from	the type specified on the a	application.	I accept the specifications of	this permit.		
, ,				Constitution of the Consti		
Owner/Legal Representative Signature:			Date:			
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use	changes. The Construction Authorizati	ion shall not b	e 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			70,000.00	ATTACHED SITE SKETCH		
12-10 C. 1						
Authorized State Agent: Date: 4/8/2020						
Cons	truction Authorization Exp	-				

## Harnett County Department of Public Health Site Sketch

Property Location:	31 Old US	421 Lillmaten		
Issued To: News	or Homes	Subdivision		Lot # [-]
Authorized State Agent:	BAA	UL REHS-I	Date: _ <u>_</u>	17/2000



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