

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 1251 Old Coats (SR 1516)

ISSUED TO: Weaver Homes Inc.

SUBDIVISION _____

LOT # _____

NEW REPAIR EXPANSION
 Type of Structure: 64x70 sfd, 3 beds 3.5 baths
 Proposed Wastewater System Type: 25% Reduction Sys.
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well NA feet
 Permit conditions: _____

Site Improvements required prior to Construction Authorization Issuance: _____

Permit valid for: Five years
 No expiration

Authorized State Agent: _____



Date: 12/16/2021

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 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.

ISSUED TO: Weaver Homes Inc.

PROPERTY LOCATION: 1251 Old Coats (SR 1516)

SUBDIVISION _____

LOT # _____

Facility Type: 64x70 sfd, 3 beds 3.5 batl New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)

25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>3</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>90</u> feet	Soil Cover: <u>8</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>20</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +1-1/4"	
	in all directions)	

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: NA inches below pipe
NA inches above pipe
NA inches total

Conditions: GRAVITY TO D-BOX EQUAL DISTRIBUTION REQUIRED

**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.

Owner/Legal Representative Signature: _____ Date: _____

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

Authorized State Agent: _____ Date: 12/16/2021

Andrew Wain

Construction Authorization Expiration Date: 12/16/2026

