Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: 35 Oleander Ln (SR 1229)

ISSUED TO: Weaver Homes	SUBDIVISION West Preserve LOT # 27
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 48'x54' SFD	
Proposed Wastewater System Type: 25% reduction	
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	ocation and elevations of facilities
Type of Water Supply: Community Public Well Dista	ce from well feet Permit valid for: 🗵 Five years
Permit conditions:	■ No expiration
Authorized State Agent:: Not a REHS	Date: 7-10-23 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of oth	r permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This 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.	Permit small not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the tank and halls to send,	
Const	uction Authorization
	Sec. 18 (ii) 1042 Mest Mest 10 (iii)
	uired for Building Permit)
2000 000 000 000 000 000 000 000 000 00	.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: 35 Oleander Ln (SR 1229)
	SUBDIVISION West Preserve LOT # 27
Facility Type: 48'x54' SFD New	Expansion Repair
Basement? Yes No Basement Fixtures? Yes	⊠ No
Type of Wastewater System** 25% reduction	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	(11111)
	(Repair)
	hes 1
0	
	Depth of: 18-22 inches (Maximum soil cover shall not exceed
(Trench bottoms	shall be level to +/-1/4" 36" above the trench bottom)
in all directions	
Pump Requirements:ft. TDH vs GPM	inches below pipe
Control of the Contro	Aggregate Depth: inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NV PART OF CERTIC CYCTEM OR REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI	Α.
**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	and the same are all th
./1 //	
Authorized State Agent: Mal the REHA	Date: 7-10-23
Authorized State Agent: Mel CEHS	Date: 7-10-23 rruction Authorization Expiration Date: 7-10-28

Harnett County Department of Public Health Site Sketch

Property Location: 35 Oleander Ln (SR	1229)	
Issued To: Weaver Homes	Subdivision West Preserve	Lot # 27
Authorized State Agent:	ah de REH	Date: _7-10-23

