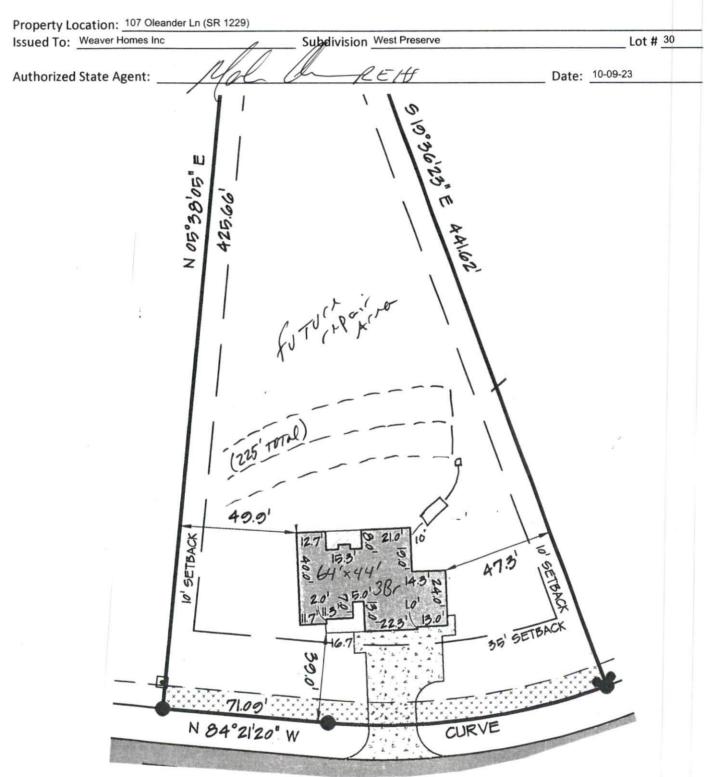
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 107 Oleander Ln (SR 1229) SUBDIVISION West Preserve ISSUED TO: Weaver Homes Inc EXPANSION T Site Improvements required prior to Construction Authorization Issuance: REPAIR [Type of Structure: 64'x44' SFD Proposed Wastewater System Type: 25% reduction Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max Basement Yes 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 _______feet Permit valid for: X Five years No expiration Permit conditions: AE/H Date: 10-09-23 Authorized State Agent:: Date: 10-09-23 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 SEE ATTACHED SITE SKETCH 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: 107 Oleander Ln (SR 1229) SUBDIVISION West Preserve Facility Type: 64'x44' SFD ➤ New Expansion Repair Basement Fixtures? Yes Basement? Yes No Type of Wastewater System** 25% reduction (Initial) Wastewater Flow: 360 (See note below, if applicable) 25% reduction Number of trenches 1 Installation Requirements/Conditions Exact length of each trench 225 _feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____gallons Trenches shall be installed on contour at a Soil Cover: 6 inches (Maximum soil cover shall not exceed Maximum Trench Depth of: 18 _inches (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. __ __ inches below pipe Aggregate Depth: ______ inches above pipe 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: 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: 10-09-23 Authorized State Agent: Construction Authorization Expiration Date: 10-09-28

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.