

**HARNETT COUNTY ENVIROMENTAL HEALTH**

File/Permit #: SFD2507-0009

CDP #:

**IMPROVEMENT PERMIT (IP)**

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Owner: Weaver Homes Applicant: Weaver Homes

Property Location: 560 Doc's Rd (SR 1116) PIN/Lot Identifier: 0507-06-0455

Subdivision: LAND 2020 INC. Lot #: 1B Block: \_\_\_\_\_ Section: \_\_\_\_\_

Facility Type: 54'x57' SFD Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_

Design Daily Flow: 360 GPD LTAR (Initial): .4 gpd/ft<sup>2</sup> LTAR (Repair): .4 gpd/ft<sup>2</sup>

Wastewater System Type: 25% reduction (Initial)

Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Initial): 30

Wastewater System Type 25% reduction (Repair)

Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Repair): 30

Effluent Standard: ☒ DSE ☐ HSE ☐ Other: \_\_\_\_\_ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: \_\_\_\_\_

Permit conditions:

The issuance of this permit 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 permit 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 15A NCAC 18E and to the conditions of this permit.

Authorized Agent's Printed Name: Mark Osborne REHS Date: 08/13/2025

Authorized Agent's Signature: [Signature] Expiration Date: 08/13/2030

**CONSTRUCTION AUTHORIZATION (CA)**

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

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**Installation Requirements/Conditions**

Wastewater System Type: 25% reduction Pump Required: ☒ Yes ☐ No ☐ May be required

Septic Tank Size: 1000 gallons Total Trench Length: 225 feet Trench Spacing: 9 feet on center

Pump Tank Size: 1000 gallons Maximum Trench Depth: 18 inches Soil Cover: 6 inches

Trench Width: 36 inches Distribution Method: ☐ Serial ☒ D-Box or Parallel ☐ Pressure Manifold ☐ Other: \_\_\_\_\_

Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: \_\_\_\_\_

Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements: \_\_\_\_\_

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Mark Osborne REHS Date: 08/13/25

Authorized Agent's Signature: [Signature] Expiration Date: 08/13/2030

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*See attached site sketch**

# Harnett County Environmental Health

## SITE SKETCH

PIN 0507-06-0455

Permit Number SFD2507-0009

Applicant's Name  
Mark Osborne REHS  
Authorized State Agent

LAND 2020 INC. 1B

Subdivision/Section/Lot Number  
08/13/2025

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = NTS

