HTE# 11-5-27419

Harnett County Department of Public Health

Improvement Permit

26648

A	building permit cannot be issued with only an I			
ISSUED TO: Atlantic Construc	PROPERTY LOCATION: U	7:11	cer Kd,	LOT # <i>3</i>
NEW 🖭 KEPAIK 🗔 🔒 , EXPANSIO	N □ Site Impro	ovements re	quired prior to Construction A	
Type of Structure: SFD 60X32	_			
Proposed Wastewater System Type:	nal			
Projected Daily Flow: 360 GPD				
Number of bedrooms: 3 Number of Occup	ants: max			
Basement 🗆 Yes 🖼 No				
Pump Required: □Yes □ No □ May be requi	red based on final location and elevations of fac	ilities		
Type of Water Supply: ☐ Community ☑ Public Permit conditions:	☐ Well Distance from well	feet	Permit valid fo	
Territic Conditions.				☐ No expiration
		,		
Authorized State Agent: 15 mg MC	ain REUS Date: 9/10	6/2011	CEI	ATTACHED CITE CVETCH
The issuance of this permit by the Health Department in no way guaran				ATTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use ch	anges. The Improvement Permit shall not be affected by a c	change in own	ership of the site. This permit is subje	nes in inceding dier requirements, into
the Laws and Rules for Sewage Treatment and Disposal and to conditions	of this permit	•	, , , , , ,	to compliance with the provisions of
	Construction Authoriza	tion		
The construction and installating provinces of Bull. 1050, 1053, 10	(Required for Building Permit)	!		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	14, .1955, .1950, .1957, .1958. and .1959 are incorporated	by references	into this permit and shall be met. Sy	stems shall be installed in accordance
ISSUED TO: Atlantic Control	/>	1	:11 /	
1350ED TO: 1777 GATIC CON Truc	PROPERTY LOCATION:	: <u> </u>	Ill Lucas Ka	
	SUBDIVISION Just	cetw	ater	LOT #
Facility Type: 2 F 1	🗹 New 🗀 Expansion 🗀] Repair		
Basement? 🗌 Yes 🔲 No 🛮 Basement Fixti				
Type of Wastewater System**	-ion-l		(Initial) Wastewater Fl	ow: 360 GPD
(See note below, if applicable \square)			,	
_ convert				
Installation Requirements/Conditions	Number of trenches 3			
Septic Tank Size / OGO gallons	Exact length of each trench 80	feet	Trench Spacing:9_	Faat on Contor
Pump Tank Size gallons	Trenches shall be installed on contour at a		Soil Cover: 12-18	
ganons				
	Maximum Trench Depth of: 24-30	inches	(Maximum soil cover sh	
	(Trench bottoms shall be level to $\pm 1/4$ "		36" above the trench	bottom)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM		·	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			00 0 1 1	12 inches total
				money total
NATER LINES (INCLIDING IDDICATION) MILST DI	THE FROM ANY DART OF CERTIC CVC	TEM OD I	OFDAID ADEA	
VATER LINES (INCLUDING IRRIGATION) MUST BI	: IUFI. FRUM ANT FART UF SEPTIC STS	IEM UK I	KEPAIK AKEA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DE	AIN FIELD AKEA.			
*If applicable: / understand the system type specified	is different from the type specified on the	annlication	I accent the specifications	of this normit
7,500	- amorone nom the type specifica on the a	іррітси і іоп.	Taccept the specifications	or uns permu.
Owner/Legal Representative Signature			Data	
Owner/Legal Representative Signature:	at or the intended use changes. The Construction Authorization	on shall not	vale	
onstruction Authorization is subject to compliance with the provisions of t	he laws and Rules for Sewage Treatment and Disposal and	to the condisi	ons of this parmit	IN OWNERSHIP OF THE SITE. THIS SEE ATTACHED SITE SKETCH
7	and bisposal and	to the conditi	ons or this perillit.	TE MINCHED SHE SKEICH
Authorized State Agent: Juga My	. DEHC		0/11/200	
munorized state Agent: 1 Sugar 10 St	Construction Authorization Exp	Date:	9/16/2011 ate: 9/16/2016	
	Construction Authorization Exp	oiration D	ate: 9/16/20/6	

Harnett County Department of Public Health Site Sketch

0,11	PROPERTY LOCATO	N: Will Lucarda.	
ISSUED TO: Ht/antic	Construction SUBDIVISION	Sweetwater	LOT # <u></u>
Authorized State Agent:	- Musin, REHS	Date: 9/16/2	9//

