HTE# 11-5-27424

## Harnett County Department of Public Health

<u>Improvement Permit</u>

26650

A buildir	g permit cannot be issued v	vith only an Improvement CATION: いたしん		
ISSUED TOX Atlantic Construction		Sweet water		LOT # <u>69</u>
NEW ☑ REPAIR □ · EXPANSION □	MOISIAIMO05			
Type of Structure: SFD 50 x32'		one improvements req	uired prior to Construction Au	thorization issuance:
Proposed Wastewater System Type: Conkntions				
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occupants: _	C max			
Basement $\square$ Yes $\square$ No	IIIax			
^	sed on final location and ele	votions of facilities		,,
Type of Water Supply:   Community Public   Public			Darmit valid for	Five years
Permit conditions:	Acii Diztance noni Men -	leet	Permit valid for	
Terrific Conditions.				☐ No expiration
0				
Authorized State Agent: Dun Musin, RE	Date:	9/16/2011	ÇEF	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the				
site is subject to revocation if the site plan, plat, or the intended use changes. the Laws and Rules for Sewage Treatment and Disposal and to conditions of this	he Improvement Permit shall not b	e affected by a change in owner	rship of the site. This permit is subject	ct to compliance with the provisions of
	Camatumatian A			The state of the s
	Construction A	utnorization		
	(Required for Bui			
The construction and installation requirements of Rules .1950, .1952, .1954, .195 with the attached system layout.	5, .1956, .1957, .1958. and .1959	are incorporated by references i	nto this permit and shall be met. Sys	stems shall be installed in accordance
ISSUED TO: Atlantic Construction	PROPER	TY LOCATION:;	11 Luces ld. Lter	
<b>—</b> - •			<u></u>	LOT # <u>69</u>
Facility Type:	■ New □ Expa	nsion 🗌 Repair		
Basement?  Yes No Basement Fixtures?	☐ Yes ☐ No			
Type of Wastewater System** Convention	n Q		(Initial) Wastewater Flo	w: 760 GPD
(See note below, if applicable □)		7,000	(	
_ convention	° O	(Repair)		
	ber of trenches 3	(перап)		
		80 feet	Turnel Consister 9	F
	t length of each trench _		Trench Spacing: 9	
•	ches shall be installed on		Soil Cover: <u>12-18</u>	inches
Maxi	mum Trench Depth of: _a	24-30 inches	(Maximum soil cover sh	all not exceed
(Trei	ich bottoms shall be level	to +/-1/4"	36" above the trench	bottom)
in a	l directions)			•
Pump Requirements:ft. TDH vs GPN	,			inches below pine
			Aggregate Denth	inches below pipe inches above pipe
Conditions:			7661 Courte Deptili	12 inches total
			10° WAY AND THE TOP	menes total
WATER LINES (INCLUDING IRRICATION) MUST BE 101	T FROM ANY DART OF	CERTIC CVCTEM OR R	FRAIR AREA	
NATER LINES (INCLUDING IRRIGATION) MUST BE 10F		PELLIC PAPIEM OK K	EPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN	FIELD AREA.			
**If applicable: / understand the system type specified is dif	farant from the type check	find on the application	I accent the enecifications	of this parmit
" applicable.", understand the system type specified is uni	erent nom the type speci	пей оп те аррпсатоп.	T accept the specifications	or uns permu.
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or t	e intended use changes. The Const	ruction Authorization shall not b	e transferred when there is a change	in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Law	s and Rules for Sewage Treatment	and Disposal and to the conditio	ns of this permit.	EE ATTACHED SITE SKETCH
7	-4 (		/ /	
Authorized State Agent: June Musica	in LEHS	Date:	9/16/2011	
	Construction Author	prization Expiration Da		
	CONSTRUCTION AUTHO	nization Expiration Da	att/// 6 /04 9 6	

## Harnett County Department of Public Health Site Sketch

0.1.	PROPERTY LOCATON: Will Lucar Id	
ISSUED TO: Atlantic Construction	SUBDIVISION Jusetwater	LOT # _ 6 9
Authorized State Agent: Sur Derin, R	Date: 9/161	2011

