HTE# 12-5-28410

Harnett County Department of Public Health

26903

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION:			
ISSUED TOR Atlantic Construction	SUBDIVISION Jucetwater	-	LOT # 4	
NEW REPAIR , EXPANSION Site Improvements required prior to Construction Authorization Issuance:				
Type of Structure: SFO 53 X 32				
Proposed Wastewater System Type: Pomp to 25% Leduction	<u>-</u>			
Projected Daily Flow: <u>360</u> GPD				
Number of bedrooms: Number of Occupants:	_max			
Basement Yes No				
Pump Required: 1976s		Dennis malid from	ET T	
Permit conditions:	ice from wen leet	Permit valid for:	Five years	
			\Box No expiration	
1 0	/ _/			
Authorized State Agent :: Duyon Missin LEHS	Date: 3/1/2012	SEE ATTA	CHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other	r permits. The permit holder is responsible for checking	with appropriate governing bodies in i	meeting their requirements. This	
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 c	ompliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit				
	·· • • · ·			
Lonsti	uction Authorization			
	quired for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957 with the attended curter largert	.1958, and .1959 are incorporated by references into	this permit and shall be met. Systems s	shall be installed in accordance	
with the attached system layout.				
ISSUED TO: Atlantic Construction	PROPERTY LOCATION:; IL	Lucar Id.		
	SUBDIVISION Juscetwat		lot # 4	
Facility Type: New	🗆 Expansion 🔲 Repair			
Basement? Yes Yes Yes Yes	□ No			
Type of Wastewater System** Pump to 25% Redu	action System	(Initial) Wastewater Flow:	360 GPD	
(See note below, if applicable 🗹)		()		
(See note below, if applicable) <u>from to 25% Redoct</u> Installation Requirements/Conditions	ion System (Repair)			
Installation Requirements/Conditions Number of trend	hes			
•		rench Spacing: <u>9</u>	Feet on Center	
			iches	
· ·		(Maximum soil cover shall no		
	shall be level to $+/-1/4$ "	36" above the trench botto		
in all directions		Jo above the trenen botto	,,	
Pump Requirements:ft. TDH vs GPM			inches below pipe	
	٨	ggregate Depth:		
Conditions: Start drain line at 18:neh	H + NO DEEPER	zgregate Deptil.	inches above pipe	
			inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A		AIK AREA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	4.			
**If applicable: / understand the system type specified is different from	the type specified on the application 1 :	accept the specifications of th	his nermit	
		coope and specifications of th		
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 Sewage Treatment and Disposal and to the conditions of this permit.

		//
 Authorized State Agent;	Mywin, LEAS	Date: <u>3/1/2012</u>
1/1	Construction A	uthorization Expiration Date: 2/1/2-017



