HTE# 12-5-28875

## Harnett County Department of Public Health

Improvement Permit

27000

A building permit	cannot be issued with			
ISSUED TO: ISPAEL LUCAS	SUBDIVISION	POTIONS	Posks	LOT # 72
	300011131011		required prior to Construction Author	
Type of Structure: SFD (SIX48)	***************************************	•	•	
D IW I I I SSOLDED AND AND AND AND AND AND AND AND AND AN				
Projected Daily Flow: 360 GPD				
Trained of Search and	max			
Basement Yes No		*		
Pump Required: □Yes □ No □XMay be required based on fit		_		\3
Type of Water Supply:  Community Public  Well D Permit conditions:	istance from well	teet	Permit valid for:	Five years  No expiration
The fill that the same		Els 120		
Authorized State Agent:	Date:	5/14/12		TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of site is subject to revocation if the site plan, plat, or the intended use changes. The Improve the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
<u>Con</u>	struction Aut	<u>thorization</u>		
	(Required for Buildin	ng Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, . with the attached system layout.	· ·	• ,	ces into this permit and shall be met. System	ns shall be installed in accordance
Facility Type: SED (52X48)	_ PROPERTY	LOCATION:	INGEN RD 15 POINTS	. A. II mg
···· SET (SIXLY) WIII				LOT # <u>72</u>
Facility Type: SCO SOX N				
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes  Type of Wastewater System** _ 25% REDUCTORY	NO NO		71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3/~
	1 ONIE	2	(Initial) Wastewater Flow:	<u> 360</u> GPD
(See note below, if applicable )	~	~		
		_(Repair)		
Installation Requirements/Conditions Number of t	renches	~~	9	_
Septic Tank Size 1000 gallons Exact length	of each trench 3		Trench Spacing:	
	ll be installed on co	- 1977	Soil Cover: 6-16	inches
	ench Depth of: <u>18</u>		`	
(Trench botte	oms shall be level to	+/-1/4"	36" above the trench bo	ttom)
in all directi	ons)			
Pump Requirements:ft. TDH vs GPM			Page 4 promotion of the second	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
	M ANY PART OF SE	PTIC SYSTEM O	R RFPAIR ARFA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A				
Western American Control of the Cont				
**If applicable: I understand the system type specified is different from	om the type specifie	d on the applicati	ion. 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			Date:	
Construction Authorization is subject to compliance with the provision of the Law and Rule	i for Sewage Treatment and			ATTACHED SITE SKETCH
Mild All			حداساء	
Authorized State Agent:	RE-172	Date	e: 5)14/12 1 Date: 5)4/77	
Co	onstruction Authori	zation Expiratior	Date: 5 14 17	

HTE#	12	-5	-388-	75

Permit # \_\_\_\_\_\_\_\_\_\_

## Harnett County Department of Public Health Site Sketch

