HTE# 14-5-3273 Hav. It County Department of Public Lealth

27808

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: Will Lucar Rd. ISSUED TO: Atlantic Construction SUBDIVISION west water Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: 25 7. Reduction Sistem Number of Occupants: _ 6 max Number of bedrooms: Basement TYes ₩ No ₩ No ☐ May be required based on final location and elevations of facilities Pump Required: □Yes Five years Type of Water Supply:

Community Public Well Distance from well feet Permit valid for: □ No expiration Permit conditions: Authorized State Agent:: __ Date: __ 2/6/2014 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department 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 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 compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. **Construction Authorization** (Required for Building Permit) The construction and installation requirements of Rules .1950, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: Atlantic Construction PROPERTY LOCATION: Will Lucar Rd.

SUBDIVISION Sweetwater LOT # 70 SUBDIVISION Sweetwa Basement Fixtures?

Yes Basement? Yes Type of Wastewater System** 25 To Leduction System (Initial) Wastewater Flow: 360 GPD (See note below, if applicable (Number of trenches Installation Requirements/Conditions Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Soil Cover: $\frac{24}{24}$ inches Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: ______ inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-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: Ditches to be installed at 36 inches inches total WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **|f applicable: / understand the system type specified is different from the type specified on the application. / 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 use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This SEE ATTACHED SITE SKETCH 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: / Sura Construction Authorization Expiration Date: 2/6/2019

HTF#	14-5-32773	(32733)	
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Permit # 27808

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: W: 11 Lucas Rd		
ISSUED TO: Atlantic Construction	SUBDIVISION Liveaturater	LOT # <u>70</u>	
	, /		
Authorized State Agent: Super Morsin, REHS	Date: 2/6/2014		

