HTE# 14-5-3414

Harnett County Department of Public Health

27981

Improvement Permit

A	pulluling permit cannot be issued with only an improvement Permit	
ISSUED TO: Atlantic Contraction	PROPERTY LOCATION: W: 11 Lucar Ra. SUBDIVISION Sweetwater	LOT # 30
NEW ☑ REPAIR ☐ , EXPANSION	Site Improvements required prior to Construction Author	
Type of Structure: SFD 37 x 39	שני ווויף סיבוויבוו ובקשורפט ארוטו נט בטווגנושבנוטוו אשנווטו	IZATION ISSUANCE:
Proposed Wastewater System Type: 25% Reduct:	w. Ristem	
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupa	nts:6max	
Basement 🗆 Yes 🖃 No		
Pump Required: □Yes □ No □ May be require	ed based on final location and elevations of facilities	
Type of Water Supply: 🗆 Community 🗹 Public	☐ Well Distance from well feet Permit valid for:	Five years
Permit conditions:		☐ No expiration
	, ,	
	REHS Date: 7/22/2014 SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarante site is subject to revocation if the site plan, plat, or the intended use chathe Laws and Rules for Sewage Treatment and Disposal and to conditions	es the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in nges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to	meeting their requirements This
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .195	4, .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 Contraction	DRODERTY LOCATION. 1. > 11 / C. Q1	
1330LD TO. 7/1/ COCK TO COCK	property LOCATION: will Lucar Rd. SUBDIVISION Jucetuater	107 11 7 0
Facility Type:	SUBURISION - WERE LOSTEN	LOT # <u>3 C</u>
Basement? Yes No Basement Fixtu		7.
Type of Wastewater System** 25% led cut	Confystem (Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)		
	en Systen (Repair)	
	Number of trenches/	
	Exact length of each trench <u>200</u> feet Trench Spacing: <u>9</u>	Feet on Center
Pump Tank Size gallons	Exact length of each trench 200 feet Trench Spacing: 7 Trenches shall be installed on contour at a Soil Cover: 30.48 j	nches
	Maximum Trench Depth of: <u>42-6</u> inches (Maximum soil cover shall n	
	(Trench bottoms shall be level to $\pm \frac{1}{4}$ " 36" above the trench bottoms	
	in all directions)	om)
Pump Requirements:ft. TDH vs	GPM	inches below pipe
		inches above nine
Conditions: Septic Can tractor to	call prior to installing system	
Conditions.	- Control of the cont	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR.	10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. AIN FIELD AREA.	
**If applicable: / understand the system type specified is	different from the type specified on the application. I accept the specifications of the	his permit.
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 ow	-auchin of the cita This
Construction Authorization is subject to compliance with the provisions of the		NTTACHED SITE SKETCH
		THEILD SHE SKEICH
Authorized State Agent:	Construction Authorization Expiration Date: 7/22/2019	
0 / 7 - 1 - 3	Construction Authorization Expiration Date: 7/22/29/9	
	construction Authorization Expiration Date. 17-12-17	

HTE# 14-5-34/01	
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Permit # 27981

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: Will Lucar Rd.	
ISSUED TO: Atlantic Construction	SUBDIVISION Sweetwater	LOT # 30
Authorized State Agent: Buyon M. Sonin REL	Date: 7/22/20/4	(

