HTE# 15-5-35481

Harnett County Department of Public Health

28255

Improvement Permit

	PROPERTY LOCATION: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11 Lucar Rol		
ISSUED TO: Atlantic Construction	SUBDIVISION Sweetw	inter	LOT # 3 /	
NEW REPAIR □ , EXPANSION □		ents required prior to Construction Authori		
Type of Structure: SFD 79 x 4 7'	site improveme	and required prior to construction rathorn	zation issuance.	
Proposed Wastewater System Type: 25%. ReductionSyste	~			
Projected Daily Flow:				
Number of bedrooms: Number of Occupants:	max			
Basement □Yes □ No				
Pump Required: □Yes □ No □ May be required based on final	l location and elevations of facilities			
	tance from well fee		Five years	
Permit conditions:			☐ No expiration	
	-		-	
Authorized State Agent: Non Main REHS	Date: 3/6/201	CTT ATTA	CUED CITE CUETCH	
Authorized State Agent: Lega / Wain REHS The issuance of this permit by the Health Department in no way guarantees the issuance of control of the state of the s	they parmit. The parmit helder is recognible	SEE ALIA	CHED SITE SKETCH	
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ent Permit shall not be affected by a change	in ownership of the site. This permit is subject to c	meeting their requirements. This compliance with the provisions of	
Cons	truction Authorization	<u>n</u>		
	Required for Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19		ferences into this permit and shall be met. Systems	shall be installed in accordance	
with the attached system layout.				
ISSUED TO: Atlantic Constant	DOODEDTY LOCATION. 1	711 / was R1		
ISSUED TO: Atlantic Construction	CHIPDIVICION C.	<u> </u>	LOT # 3 (
Facility Type: Nev	JUDUINIJUN Judes	Twe re-	LUI # <u>J [</u>	
	<u> </u>	epair		
Basement? Yes No Basement Fixtures? Yes	No No	4		
Type of Wastewater System** 25-8, Leduction		(Initial) Wastewater Flow: _	GPD GPD	
(See note below, if applicable □)	·			
W (o Keduction)	// te~ (Repair)			
		_		
	f each trench <u> </u>	feet Trench Spacing:9	Feet on Center	
Pump Tank Size gallons Trenches shall	be installed on contour at a	Soil Cover: 6 ir	nches	
Maximum Tren	ch Depth of:in	oches (Maximum soil cover shall no	ot exceed	
(Trench botton	ns shall be level to +/-1/4"	36" above the trench botto		
in all direction	(2		···· /	
Pump Requirements:ft. TDH vs GPM	-/		inches below pipe	
		Aggregate Depth:	inches above nine	
Conditions:		Aggregate beptil.	inches above pipe	
Conditions.			inches total	
WATER LINES (INCLUDING IRRIGATION) MILET DE JOET EROM	ANV DADT OF CERTIC CUCTEM	OD DEDAID ADEA		
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM		UK KEPAIK AKEA.		
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	EA.			
**If applicable: / understand the system type specified is different from	the type specified on the applic	cation I accent the specifications of the	nic parmit	
. and out and officer type specifica is unicione from	tine type specimed on the applic	ation. Taccept the specifications of th	ns permit.	
Owner/Legal Representative Signature:		Date:		
rner/Legal Representative Signature: Date:				
construction Authorization is subject to compliance with the provisions of the Laws and Rules f			TTACHED SITE SKETCH	
Authorized State Agent: Lya McLiain REH) Con	_	2/1/2010		
numorized state Agent. (Man 15 mon pc 11)	D	ate: // 6/2°/3		
Con	struction Authorization Expirati	ion Date: <u>2/4/2020</u>		

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: Will Lucas Rd		
ISSUED TO: Atlantic Contruction Subdivision Sectionates	LOT #	31
Authorized State Agent: Date: 3/6/2015		

