HTE#	15-	5-	36	4	9-	7
ΠL <u>π</u> _	0	$\underline{\circ}$	-2		/	

Harnett County Department of Public Health

28467

Improvement Permit

	mprovement			
A bu	illding permit cannot be issued wi	th only an Improvement	Permit	
	PROPERTY LOC	ATION: <u>5K/532 (</u>	Augelon RD	
ISSUED TO: KAY & PLOWKA LUKAS	SUBDIVISION _	BAITCHALS		LOT # <u>24</u>
ISSUED TO: RAY & PLONKA LUKAS NEW REPAIR EXPANSION Type of Structure:		Site Improvements req	uired prior to Construction Author	ization Issuance:
Type of Structure:			•	
Proposed Wastewater System Type: 25% REDUC	nn			
Projected Daily Flow: 360 GPD				
Number of bedrooms: Number of Occupan	ts: <u> </u>			
Basement \Box Yes \Box No	····			
Pump Required: 🗆 Yes 🗆 No 🖾 Max-be required	d based on final location and elev	rations of facilities		
Type of Water Supply: Community Public	Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				\square No expiration
	1 . 1			
Authorized State Agent .: James E M	ANNAVI Date:	7-10-1	S SFF ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantee				
site is subject to revocation if the site plan, plat, or the intended use chan				
the Laws and Rules for Sewage Treatment and Disposal and to conditions o				
	Construction Au	uthorization		
	(Required for Build			
The construction and installation requirements of Rules .1950, .1952, .1954	, .1955, .1956, .1957, .1958. and .1959 a	are incorporated by references	into this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: $\underline{Fay} \neq \underline{TLowkA} / \underline{wka}$ Facility Type: \underline{SFA} Basement? \Box Yes \Box No Basement Fixture	A-S PROPERT	Y LOCATION. 357/5	32 CArda RD	,
		ION And	Je - inger -	INT # 74
THE STUD		iun Densir	gs /	
racility Type:	_ 🖸 New 📋 Expar	ision 🗀 kepair		
Basement? L Yes L No Basement Fixtur	res? 🗆 Yes 🖾 No			
Type of Wastewater System** <u>2590 260 VCT</u>	ON Syst B		(Initial) Wastewater Flow:	<u> </u>
(See note below, if applicable 🗔)				
25% , RADVC	orn Sustan	(Repair)	Trench Spacing: Soil Cover: (Maximum soil cover shall	
Installation Requirements/Conditions	Number of trenches 3		0	
Septic Tank Size _/ <u>000</u> gallons	Evact longth of each trench	Sr) feat	Trench Spacing:	Feet on Center
Deput Talk Size <u>7000</u> galons	Lxact length of each trench		Sail Course	nebes
Pump Tank Size gallons	Trenches shall be installed on t	contour at a		inches
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench both	tom)
	in all directions)		1	
Pump Requirements:ft. TDH vs	GPM		_ (e	inches below pipe
			Aggregate Denth	Z inches above nine
Conditions			Aggregate Depth:	12 inches total
Conditions:				וונווכט נטנמו

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.

HTE# 15-5-36487	Permit #	28467	
Harnett County Department	of Pub	lic Health	
Site Sketch			
PROPERTY LOCATON: SAL ISSUED TO: <u>RAY + I (ONKA (UKA</u> SSUBDIVISION <u>DA</u> Authorized State Agent: <u>Subdivision</u>	532C	Angen RA LOT # 24	
ISDED TO: _/CATIN & COTOR COTA	Pata:	7-10 75	
Authorized State Agent:	Datt		_
K			
Pul to sce			
por			
The state of the s			
GUI CON SHI			
art /			
Ite			