HTE# 15-5-37730

Harnett County Department of Public Health

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A building permit cannot be issued with only an Improvement Permit

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DRODEDTV LOCATION	Will Lucar	PI
PROPERT LOLATION.	WILL GULGJ	X (I

ISSUED TO: Atlantic Construct		Sweet wate		LOT # 63
	VSION			
Type of Structure: SFD 40x 42		site improvements requi	red prior to Construction Author	rization Issuance:
Proposed Wastewater System Type: 25 70 Red	al' Eat			
	scrien system			
Projected Daily Flow: <u>480</u> GPD Number of bedrooms: <u>4</u> Number of O	8			
	ccupants: <u>8</u> max			
	equired based on final location and el		N	
	Well Distance from well	feet	Permit valid for:	Five years
Permit conditions:				No expiration
		1. 2015 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
I I I I I I I I I I I I I I I I I I I	in REH Date:	1/10/2011		
Authorized State Agent: Kype News			SEE AII	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way g site is subject to revocation if the site plan, plat, or the intended of	uarantees the issuance of other permits. The per use changes. The Improvement Permit shall not	mit noider is responsible for checki be affected by a change in ownersh	ng with appropriate governing bodies in in of the site. This permit is subject to	meeting their requirements. This compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to cond		be anoted by a change in ownersh	ip of the site. This permit is subject to	compliance with the provisions of
	Construction A	utharization		
	Construction A	and the second		
	(Required for Bui	<u>ilding Permit)</u>		
The construction and installation requirements of Rules .1950, .1952	2, .1954, .1955, .1956, .1957, .1958. and .1959	9 are incorporated by references int	o this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: _ Atlantic Construc	4:000 PROPER	TY LOCATION	Luc cld	
		KINN Sugat	to-	LOT # 63
Facility Type:	New D Expa	ansion 🗆 Repair		
	The second secon	ansion in repair		
				110
	uction System	1.111.000	_ (Initial) Wastewater Flow:	<u>480</u> GPD
(See note below, if applicable)				
25 To Redi	ution System	(Repair)		
Installation Requirements/Conditions	Number of trenches/			
Septic Tank Size gallons	Exact length of each trench _	240 feet 1	French Spacing:9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on			inches
8	Maximum Trench Depth of:		(Maximum soil cover shall)	
	(Trench bottoms shall be level		36" above the trench both	
		1 10 1/-1/4	So above the trench both	lom)
Dura Dura da Toli	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				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.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this 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 ownership of the site. This
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.	SEE ATTACHED SITE SKETCH
Authorized State Agent: Lup Merin REHA Date: 1/19 Construction Authorization Expiration Date: 1/19	12016



	SUBDIVISION Jueet water	LOT #	63
Authorized State Agent Sugar Melician, CE 45	Date: 1/14/2016		

