HTE# 15-5-37732 Harnett County Department of Public Health

28706

Improvement Permit

ISSUED TO: At lant: Construction SUBDIVISION Juvet water

NEW REPAIR . EXPANSION Site Improvement

Site Improvement

Site Improvement A building permit cannot be issued with only an Improvement Permit Site Improvements required prior to Construction Authorization Issuance: Type of Structure: JFD 47x43 Proposed Wastewater System Type: 25 % Reduction System Projected Daily Flow: 480 GPD Number of bedrooms: ____ 4 ___ Number of Occupants: 8 ____ max Pump Required: □Yes □No □ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well _______ feet Five years Permit valid for: ☐ No expiration Permit conditions: Authorized State Agent:

Date: 1/19/2016

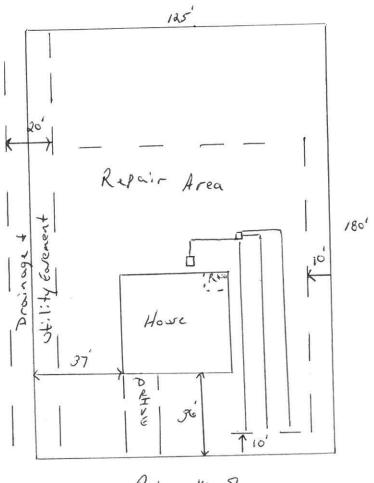
SEE ATTACHED SITE SKETCH

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, .1952, .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 Successurer LOT # 33 Facility Type: SFD SUBDIVISION June + W Basement Fixtures? Yes No Type of Wastewater System** 25 % Reduction System (Initial) Wastewater Flow: 480 GPD (See note below, if applicable 25% Reduction System (Repair)
Ons Number of trenches 3 Installation Requirements/Conditions Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center Septic Tank Size /000 gallons Soil Cover: 6 inches Trenches shall be installed on contour at a Pump Tank Size _____ gallons 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 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: 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/ Suyan Mc Main REHS Construction Authorization Expiration Date: ///9/2021

Harnett County Department of Public Health Site Sketch

		PROPERTY LOCATON: Will Luco	r Rd.	
ISSUED TO: Atlantic	onstruction	SUBDIVISION Livetwater		_ LOT # <u>33</u>
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Authorized State Agent:	a Musin, C	Date: _	1/19/2016	



Rainmaker St.