HTE# 16-5-39188

Harmet County Department of Public nealth

28929

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: ROYAL ORKS. BLDG, GRP. SUBDIVISION ATKINS VILLAGE LOT #3)
NEW REPAIR . EXPANSION . Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SFD (S 67)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow:GPD
Number of bedrooms: Number of Occupants: 8 max
Basement Yes No
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 100 feet Permit valid for: Five years
Permit conditions: No expiration
THE
Authorized State Agent:: QCHS Date: 7 2016 SEE ATTACHED SITE SKETCH
Authorized State Agent:: Date: 7 20 6 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
CARPS ON A SE SE SECURITION OF THE SECURITION OF
(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: ROYAL DAKS BLOG, GOR, PROPERTY LOCATION: ATKINS RD
SUBDIVISION ATKINS VILLAGE LOT # 3]
Facility Type: SFO (46×67) New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
// (mital) wastratel flow dib
(See note below, if applicable (1)
25% RED- SYS. (Repair)
Installation Requirements/Conditions Number of trenches
Septic Tank Size 1000 gallons Exact length of each trench 100 feet Trench Spacing: Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: \$\sim\circ\circ\circ\circ\circ\circ\circ\ci
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)
A TOUR
onditions: _ BOATH PASED ON 1 2010 3 AL 172 CM PAPLICA TO LSS inches total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
IO 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.
wner/Legal Representative Signature: Date:
Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:
onstruction 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.
uthorized State Agent: Construction Authorization Expiration Date: 7 20 36 Construction Authorization Expiration Date: 7 20 20
Commission Authorities Training
Construction Authorization Expiration Date: 7/20/21

HTER 16-5-39188 Atkins Vallage, Lot 31 PG2MT 28929 4-Bedroom Septic System Layout May 2016 TBM (5.1) 31 SITE PLAN APPROVAL LUSE SF #BEDROOMS *Keep Tanks and Drain lines 10' from property lines. Not a Survey Not a guarantee of a septic permit. *Keep supply lines >5' from property lines. *Some lines are flagged longer in the field than System: ********** lengths indicated above. Repair: *No foundation drains. System: Gravity to D-Box Lines: 2-4, (300') 0.4 Soil LTAR Trench Bottom Accepted Status System GRAPHIC SCALE Repair: Gravity to Serial Dist. Lines: 1, 5-7, (305') Central Carolina 1" = 50'Soil Consulting 0.4 Soil LTAR 24" Trench Bottom 100 50 50 919-569-6704 Project # 1953 Accepted Status System