## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit			
ISSUED TO: FRLANTIC CONST. INC SUBDIVISION SWEETWATER LOT#37			
IEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:			
Type of Structure: SFO (55×37')	Street, and Legendratic cons. Cold		Table 100daneer
Proposed Wastewater System Type: 25% Rea	DUCTION SYSTEM		***
Projected Daily Flow: 450 GPD	5		
	pants: 8 max		
Basement Yes No			
Pump Required: □Yes ▷ No □ May be requ Type of Water Supply: □ Community □ Public Permit conditions: □	ired based on final location and elevations of facilities	Permit valid for:	Five years  No expiration
Authorized State Agent::	RGM 5 Date: 3 13 17	TTA 332	ACUED CITE CVETCH
Authorized State Agent::  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, .19	954, .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.		the the permit and shall be med systems	shan be instance in accordance
Facility Type: 6F0(56×37)   New   Expansion   Repair			
550(5505)	SUBDIVISION SWEET	WATER	LOT #37
Facility Type: 5 FO (56×37)			
Basement?  Yes  No Basement Fixtures? Yes  No Basement Fixtures?  Yes  No System (Initial) Wastewater Flow: 480 GPD			
(See note below, if applicable $\square$ )	0 6		
	REDUCTION Sys (Repair)		
Installation Requirements/Conditions	Number of trenches\	0	
Septic Tank Size 1000 gallons	Exact length of each trench 220 feet	Trench Spacing:i Soil Cover:i	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 36" i	nches
	Maximum Trench Depth of: 48-55 inches	(Maximum soil cover shall n	not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bott	om)
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM	s <del></del>	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
** If applicable: I understand the system type specified	is different from the time energial on the application	1 the	1:
**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:	
Owner/Legal Representative Signature:			
construction without amount is emplected compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the condition	ons of this permit.	ATTACHED SITE SKETCH
Authorized State A	Paths Date.	alsola	
Juic.			
	Construction Authorization Expiration D	ate: 018/2	

## Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: WILL LUCAS RO

SUBDIVISION SUBGRIVATED LOT # 37

Date: 3 13 17

