Harnett County Department of Public Health

Improvement Permit

A DUIIDING PERMIT CANNOT DE ISSUED V	CATION: WILL L-VCAS &	
ISSUED TO: ATLANTIC CONST. INC SUBDIVISION	SWEETWATER LOT #52	
NEW REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: SED (S5 > 60')	COLUMN TO A TO	
Proposed Wastewater System Type: 25% REDUCTION SYSTEM		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants: Cmax		
Basement Yes No		
Pump Required: Yes No May be required based on final location and ele		
Type of Water Supply: Community Public Well Distance from well Permit conditions:		
Territe Conditions.	No expiration	
Authorized State Agent:: P61+5 Date:	SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the square of other permits. The permits are the square of other permits.	nit 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	e 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.		
C	1	
Construction A	<u>uthorization</u>	
(Required for Buil		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 with the attached curtom level.	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 CONST. INC PROPER SUBDIVIS	MY LOCATION: WILL LUCPE BO	
SUBDIVIS	ION SWEETWATER LOT # 52	
Facility Type: SFD (55×60) New Expa	nsion Repair	
Basement? ☐ Yes → No Basement Fixtures? ☐ Yes → No		
Basement? ☐ Yes No Basement Fixtures? ☐ Yes No Sype of Wastewater System** 25% REDUCTION	OYSSEM (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable [])	(minus) masteriater from dro	
25%, RED. Sys	(Repair)	
Installation Requirements/Conditions Number of trenches 1	_(-[]	
Septic Tank Size 🚾 gallons Exact length of each trench	240 feet Trench Spacing: Feet on Center	
Pump Tank Size gallons Trenches shall be installed on		
Maximum Trench Depth of:	inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level		
in all directions)	30 above the trench bottom)	
Pump Requirements:ft. TDH vs GPM	inches helevy nine	
16. 1011 13 0111	Aggregate Depth: inches below pipe	
Conditions:	Aggregate Deptil inches above pipe	
conditions.	inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE LOST FROM ANY PART OF	CERTIC CUCTELL OR REPUBLISHED	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF	SEPTIC SYSTEM OK KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.		
**If applicable: I understand the system type specified is different from the type specified	fied on the application I accept the specifications of this permit	
7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	the appreciation is accept the specifications of this permit.	
Owner/Legal Representative Signature:	Date:	
Owner/Legal Representative Signature:	uction 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.		
Authorized State Agent:	Date: [Date: []	
	rization Expiration Date:	
CONSTRUCTION AUTHOR	IILALIUII LADIIALIUII DALE. IIV/I	

Harnett County Department of Public Health Site Sketch

N 0	MST. INC SUBDIVISION SNEGSWATE	33 RD
ISSUED TO: AFLANSIC CO	NST. INC SUBDIVISION SWEGSWATE	LOT # 52
4	Date:	
	90'	13.17
	FOLLY CT	265