Harnett County Department of Public Health

Improvement Permit

	A building permit cannot be issue			
ISSUED TO: ATLANTIC CONS	2 JAC STRDIALL	LOCATION: WILL	LUCAS LO	107 11 6 3
NEWX REPAIR ☐ EXPAIN	ISION	Site Improvements	required prior to Construction Autho	rization Issuance:
Proposed Westweeter Court I		3000 HOUSE POINT 00000, 100 WHOLE SECRETARY	1 Free to sometication ratio	rization issuance.
Proposed Wastewater System Type: 35% R Projected Daily Flow: 360 GPD	500 CUIN 3/3 LEW			
Projected Daily Flow: <u>\$60</u> GPD Number of bedrooms: <u>3</u> Number of O	ccupants: 6 max			
Basement DYes No	ccupants: max			
Pump Required: □Yes No □ May be ro	equired based on final location and	elevations of facilities		
Type of Water Supply: Community Public	☐ Well Distance from wel	feet	Permit valid for:	N 12
Permit conditions:			Termit valid for.	No expiration
				in expiration
Authorized State Agent::	REMS Dat	11/2-14		
The issuance of this permit by the Health Department in no way gu	grantees be issuance of other assist TI	e: 4) 17 14		ACHED 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.				
the Laws and Rules for Sewage Treatment and Disposal and to condi	tions of this permit	,	westing of the site. This permit is subject to	compnance with the provisions of
	Construction	Authorization		
	(Required for R	uilding Parmit)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957, .1958. and .19	59 are incorporated by reference	s into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: MYLANTIC CONS	57, INC PROPE	RTY LOCATION: W	ILL LUCAS RO	
Facility Type: SFO (55 ×60) ROPERTY LOCATION: WILL LUCAS RO SUBDIVISION SWEETWATER LOT # 60				
1111	New EX	pansion 🗀 Kepair		
Basement? Yes No Basement F	xtures? 🗆 Yes 🔀 No			
Type of Wastewater System** 25020	REDUCTION SY	STEM	(Initial) Wastewater Flow: _	360 GPD
(See note below, if applicable \square)	0		- Commence of the commence of	0.0
Installation Remiser 15 15	RED. Sys.	(Repair)		
Installation Requirements/Conditions Septic Tank Size \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Number of trenches	0.0	0	
	Exact length of each trench		Trench Spacing: 9	Feet on Center
Pump Tank Size gallons	Trenches shall be installed or	20		iches
	Maximum Trench Depth of:		(Maximum soil cover shall no	
	(Trench bottoms shall be leve	el to +/-1/4"	36" above the trench botto	m)
Pump Requirements:ft. TDH vs	in all directions)			
it. IDH VS	GPM			inches below pipe
Conditions:			Aggregate Depth:	inches above pipe
				inches total
VATER LINES (INCLUDING IRRICATION) MUST	DE JOET EDOM ANY DIRE OF		AND SHAME POOR SECTION	
VATER LINES (INCLUDING IRRIGATION) MUST	BE TUFT. FRUM ANY PART UF	SEPTIC SYSTEM OR I	REPAIR AREA.	
IO UTILITIES ALLOWED IN INITIAL OR REPAIR I				
*If applicable: / understand the system type specified	d is different from the type spec	ified on the application.	I accept the specifications of the	is nermit
	***	,,	The second secon	, permie.
wner/Legal Representative Signature:			Date:	
Date:				
onstruction Authorization is ubject 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				
All the state of t	2.2			
uthorized State Agent: Date: 4/17/17				
uthorized State Agent: Construction Authorization Expiration Date:				
thorized State Agent:	Anstruction Author	Date: _	4/17/17	_
	The second states	Expiration Di	11100	

Harnett County Department of Public Health Site Sketch

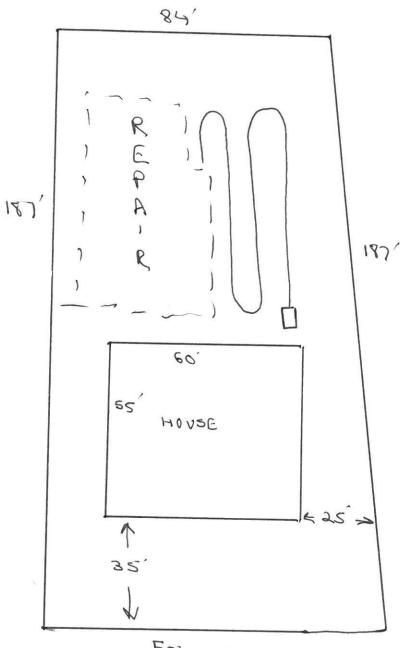
Authorized State Agent:

PROPERTY LOCATON: WILL LUCAS RO

SUBDIVISION SWEGTWATER

LOT # CO

Authorized State Agent: 4 17 17



FOLLY CT