## Harnett County Department of Public Health

Improvement Permit

A b	uilding permit cannot be issued with only an Improvement Pe	ermit Q							
ISSUED TO: ATLANTIC COMES		-UCAS RO	107 // ( )						
NEW REPAIR   EXPANSION		ed prior to Construction Authorization	LOT # <u>6 l</u>						
Type of Structure: SFO (55 ~ CO)	The improvements require	ed prior to construction Authorization	on issuance:						
Proposed Wastewater System Type: 25% RED	JUNION SYSTEM								
Projected Daily Flow: 360 GPD									
Number of bedrooms: 3 Number of Occupa	nts: 6 max		<del>2000 - 200 </del>						
Basement  Yes  No									
Pump Required: ☐Yes No ☐ May be require	d based on final location and elevations of facilities								
Type of Water Supply:   Community Public [ Permit conditions:		2.7	Five years  No expiration						
			□ No expiration						
	1								
Authorized State Agent::	26145 Date: 4 17 17	SEE ATTACHE	D 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 with the attached system layout.	, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into	this permit and shall be met. Systems shall	be installed in accordance						
ISSUED TO: ATLANTIC CONST.	PROPERTY LOCATION: WILL	LUCAS RO							
1 - ( - ( - ( ) - ( ) )	SUBDIVISION SWEGSNA	T60	_ LOT # <u>6)</u>						
Facility Type: 550 (55760)	_ 🔀 New 🗆 Expansion 🗆 Repair								
Basement! 🗌 Yes 🔀 No Basement Fixtur	es? 🗆 Yes 🔍 No								
	es? I Yes XNO SYSTEM	_ (Initial) Wastewater Flow: 🔼	GPD GPD						
(See note below, if applicable $\square$ )	) (								
25/6 1	Repair)								
	Number of trenches	_							
Septic Tank Size 1000 gallons	Exact length of each trench $240$ feet Tr	rench Spacing: Fee	t on Center						
	Trenches shall be installed on contour at a	oil Cover: 36 inche	S						
	Maximum Trench Depth of: 48-55 inches	(Maximum soil cover shall not e	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						
	A	ggregate Depth:							
Conditions:			inches total						
			<u> </u>						
	10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPA	AIR AREA.							
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRA	AIN FIELD AREA.								
**If applicable: / understand the system type specified is	different from the type specified on the application. I a	accept the specifications of this p	permit.						
Owner/Legal Representative Signature:	<del></del>	Date:							
This Construction Authorization is subject to revocation if the site plan, plat	or the intended use changes. The Construction Authorization shall not be tra	ansferred when there is a change in ownersh							
Construction Authorization is subject to compliance with the provisions of the	e Laws and Rules for Sewage Treatment and Disposal and to the conditions o	of this permit. SEE ATTA	CHED SITE SKETCH						
Authorized State Agent:	Date:	1.1.717							
nationized state ngellt.	Construction Authorization Expiration Date:	حردرايا .							

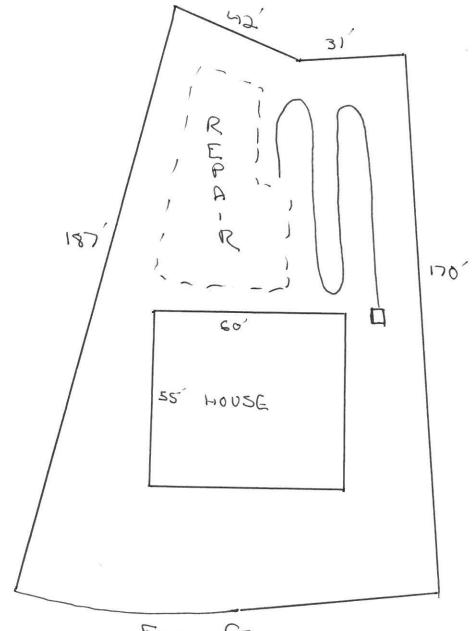
## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: WILL LUCAS RO

SUBDIVISION SWEETWATER LOT # 61

Authorized State Agent: PROPERTY LOCATON: WILL LUCAS RO

SUBDIVISION SWEETWATER LOT # 61



FOLLY CT.

Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section

Available Space (.1945) System Type(s)

Site LTAR

Sheet: Property ID: Lot #: File #: Code:

## SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

	s: ed Facility:			Evaluated: gn Flow (.1949):36 erty Recorded: ndividual W Pit Industrial P	Cut Spring	g Othe	er			
P R O F I L	.1940 Landscape	Horizon		ORPHOLOGY .1941	.1942 Soil	OTHER PROFILE FACTOR	S .1956	.1944	Profile	
E #	Position/ Slope %	Depth (ln.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	Wetness/ Color	Soil Depth (IN.)	Sapro Class	Restr Horiz	Class & LTAR	
)		0-60	SCL	Also Let			Marin Town		04	
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Descrip	otion			epair System	Other Factors (.1946): ite Classification (.1948)	45				
System Site Classification (.1948):  Available Space (.1945) Evaluated By:										

Others Present: