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## HTE# 17-5-4734 9

## Harnett County Department of Public Health

Improvement Permit

| A I  | DEADED TY LOCA                       | n only an Improvement  TION:   The least of the second of |                                     |                                  |
|--|--------------------------------------|---|-------------------------------------|----------------------------------|
| ISSUED TO: ATLANTIC CONS.  | ON COLOR CIRDIVICION                 | SWEETWAT  |                                     | LOT # 42                         |
|  |                                      |   | uired prior to Construction Authori |                                  |
| Type of Structure: 550 (50 ×50)  |                                      | one improvements requ   | arrea prior to construction nation  | Editori Issuance.                |
| Proposed Wastewater System Type: 25% PED   | UCTION SYSTEM                        |   |                                     |                                  |
| Projected Daily Flow: 480 GPD  |                                      |   |                                     |                                  |
| Number of bedrooms: Number of Occupa   | ints:8max                            |   |                                     |                                  |
| Basement Yes No  |                                      |   |                                     |                                  |
|  | ed based on final location and eleva |   |                                     | X                                |
| Type of Water Supply:  Community Public Permit conditions:   | Well Distance from well              | feet  | Permit valid for:                   | Five years  No expiration        |
|  |                                      | 2 <b>x</b>  | 358Y 1020                           | 10                               |
| Authorized State Agent::   | REHS Date:                           | 10/10/17  | SEE ATTA                            | CHED 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 Au                      | <u>thorization</u>  |                                     |                                  |
|  | (Required for Buildi                 | ing Permit)   |                                     |                                  |
| The construction and installation requirements of Rules .1950, .1952, .195 with the attached system layout.  |                                      |   | ,                                   | shall be installed in accordance |
| ISSUED TO: ATLANTIC CONSTR   | LUCTION PROPERTY                     | LOCATION: Wil   | L LUCAS RO                          |                                  |
| Facility Type: SFO (50'×50')  ROPERTY LOCATION: WILL LUCAS RO SUBDIVISION SNEETWEER LOT # 4)  Expansion Repair   |                                      |   |                                     |                                  |
| Basement?   Yes No Basement Fixtu  | ures?  \( \text{Yes}   \text{No}     |   |                                     |                                  |
| Type of Wastewater System** 25% Re   | ires?   Yes   No<br>EDUCKION SYSTE   | m   | (Initial) Wastewater Flow: _        | 480 GPD                          |
| (See note below, if applicable   )   |                                      |   | (                                   | 010                              |
| 25% F  | LED. S73.                            | (Repair)  |                                     |                                  |
| Installation Requirements/Conditions   | Number of trenches 5                 | _(,   |                                     |                                  |
| Septic Tank Size 1000 gallons  | Exact length of each trench _C       | 60 feet   | Trench Spacing: 9                   | Feet on Center                   |
| Pump Tank Size gallons   | Trenches shall be installed on co    |   | Soil Cover: 6-12 in                 | nches                            |
| 0  | Maximum Trench Depth of: 19          |   | (Maximum soil cover shall n         |                                  |
|  | (Trench bottoms shall be level to    |   | 36" above the trench botto          |                                  |
|  | in all directions)                   |   |                                     | )                                |
| Pump Requirements:ft. TDH vs   |                                      |   |                                     | inches below pipe                |
|  |                                      |   | Aggregate Depth:                    |                                  |
| Conditions:  |                                      |   |                                     | inches total                     |
| WATER LINES (INCLUDING IRRIGATION) MUST BI   | F 10FT FROM ANY PART OF S            | EPTIC SYSTEM OR R   | FPAIR ARFA                          |                                  |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR DR   |                                      | EI IIC SISIEM OK K  | LI AIN ANLA.                        |                                  |
| **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:                               |                                  |
| This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction 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.  SEE ATTACHED SITE SKETCH   |                                      |   |                                     |                                  |
|  |                                      |   |                                     |                                  |
| Authorized State Agent: Date: 10 10 17   |                                      |   |                                     |                                  |
| Construction Authorization Expiration Date: 1010 22  |                                      |   |                                     |                                  |

## Harnett County Department of Public Health Site Sketch



