HTE# 17-5-472612

## Harnett County Department of Public Health

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### Improvement Permit

A building permit cannot	be issued with only a	an Improvement Permit
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PROPERTY LOCA	ATION: WILL LUCKS KD	
ISSUED TO: LYERCON INC SUBDIVISION	SWEETWATER	LOT # 58
NEW 🔀 REPAIR 🗆 EXPANSION 🗆	Site Improvements required prior to Construction Authoriza	
Type of Structure: SFO (52×46)		ation issuance.
Proposed Wastewater System Type: 25% REDUCTION STATED		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 🔀 No		
Pump Required: TYes X No The May be required based on final location and elev-	vations of facilities	
Type of Water Supply:  Community  Yet Public  Well Distance from well		Five years
Permit conditions:		No expiration
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#### Construction Authorization

#### (Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .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.

ISSUED TO: IVGRCON LNC	PROPERTY LOCATION:		
	SUBDIVISION SWEEKW	ATER	LOT # 5%
	New Expansion Repair		
Basement? 🗆 Yes 🖂 No 🛛 Basement Fixtu			
Type of Wastewater System** _25% Re	EDUCTION SYSTEM	(Initial) Wastewater Flow:	36 C) GPD
(See note below, if applicable )		(/	
(See note below, if applicable $\Box$ ) Pu = To	25% RED SYS. (Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size 1000 gallons	Exact length of each trench <u>180</u> feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 24 ind	
	Maximum Trench Depth of: <u>3</u> <u></u> inches	(Maximum soil cover shall no	
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottor	
	in all directions)		,
Pump Requirements:ft. TDH vs	GPM		inches below pipe
		Aggregate Depth:	inches above pipe
Conditions:			inches total

# WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the app	plication. 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:5)17



\* DRAIN FIELD LOCATION REQUESTED BY APPLICANT

