Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: HORNEST CT ISSUED TO: ATLANTIC CONST. INC. SUBDIVISION SMCGMATER Site Improvements required prior to Construction Authorization Issuance: Type of Structure: SEO(42-353 Proposed Wastewater System Type: 25%, REDUCTION 573. Projected Daily Flow: ____360 Number of bedrooms: Number of Occupants: _ _ _ max Basement Tes **□**<No Pump Required: ☐Yes ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public Well Distance from well feet Five years Permit conditions: ■ No expiration Authorized State Agent::

Date:

Date 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, .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. LIC. PROPERTY LOCATION: HARVEST CT.
SUBDIVISION SWEGTWATER Facility Type: SFO(2)2253 SUBDIVISION SUBDIVISION Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Coverson System (Initial) Wastewater Flow: 360 (See note below, if applicable Number of trenches 1 Installation Requirements/Conditions Exact length of each trench 240 feet Trench Spacing: 9 Feet on Center Septic Tank Size 1000 gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 30-40 inches Maximum Trench Depth of: 42-52 inches (Maximum soil cover shall not 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 Aggregate Depth: inches above pipe Conditions: 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 application. I accept the specifications of this permit. Owner/Legal Representative Signature: 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: Construction Authorization Expiration Date:

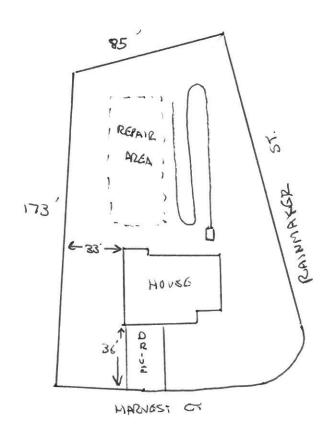
Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: HARNEST CT.

SUBDIVISION SWEGTWATER

LOT # 46



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

Sheet: Property ID: Lot #: File #: SOIL/SITE EVALUATION Code:

Owner:	Applicant:	01.14	

Date Evaluated:

Design Flow (.1949):

Property Recorded:

Public Individual Well Address: Proposed Facility: 3 802 Property Size: Location of Site: Water Supply: ☐ Well ☐ Spring Other

Evaluation Method: Auger Boring
Type of Wastewater: Sewage Pit Industrial Process ☐ Mixed

P R O F .1940 L Landscape		Harian	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
±	Position/ Slope %	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr	Profile Class
١	0-7	0-10	G L	VFR MS/mp	COM	Deptii (iiv.)	Class	Horiz	& LTAR
		10-42	28x CS	Fn 35/9p					91
-2.55				Fa 35/59					
		45-72	6 5	1m ~5)4					
2		8-0	G L	150 mg/m2					
		18-42	35 CC	4 + 5 50 50 50 50 50 50 50					P5.5
		424	39 K SCL	P2 35/50 VFR 15/MP					
		472	63	ntr wind					
-									
-									

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948):
Available Space (.1945)		V	Evaluated By:
ystem Type(s)		CD	Others Present:
Site LTAR	.5	.5	Others resent.