HTE# 18-5-44059

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: WILL LUCAS RD
ISSUED TO: ATLANTIC CONSTRUCTION SUBDIVISION SWEETWATER LOT #20
Type of Structure: SED (SO ×SO)
Proposed Wastewater System Type: 25% REDUCTION SYSTEM
Projected Daily Flow: 480 GPD
Number of bedrooms: Number of Occupants: max
Basement 🗆 Yes 😹 No
Pump Required: 🗆 Yes 🗆 No 🔀 May be required based on final location and elevations of facilities
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well feet Permit valid for: 💢 Five years
Permit conditions:
Authorized State Agent: Date:G 5 18 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the scance 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)

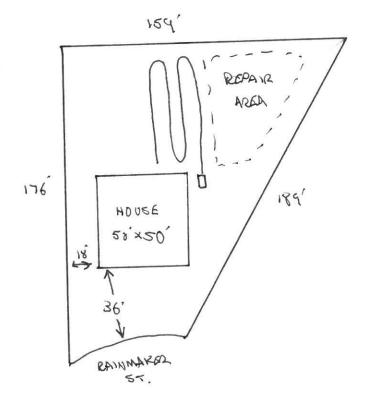
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: ASLANSIC CONSTR	NOTION	PROPERTY LOCATI	ON:	-L LUCAS	6	_1	
	•	SUBDIVISION	SWEETWI	ater		LOT #	20
Facility Type: SFD(50'~50)		Expansion	🗆 Repair				
Basement? 🗆 Yes 🔀 No Basement Fixt	tures? 🗌 Yes	No No					
Type of Wastewater System** _ 25% Re	DUCTION	GYSTEM		(Initial) Wastewa	ter Flow:	480	GPD
(See note below, if applicable 🗆)							
(See note below, if applicable \Box) Installation Requirements/Conditions	25% Pr	D. Svs. (Repai	r)				
Installation Requirements/Conditions	number of tien	CHC3 .					
Septic Tank Size 1000 gallons	Exact length of	each trench 248	feet	Trench Spacing:	7	Feet on Center	
Pump Tank Size gallons	Trenches shall b	e installed on contour a	at a	Soil Cover: 12-	24) i	nches	
	Maximum Trenc	h Depth of: $24 - 3$	6 inches	(Maximum soil co	ver shall r	not exceed	
	(Trench bottoms	s shall be level to +/-1,	/4"	36" above the t			
	in all directions)					
Pump Requirements:ft. TDH vs	GPM					inches be	low pipe
				Aggregate Depth:			10 10
Conditions:							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 application. I accept t	the specifications of this permit.
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to reportion if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred w	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 perr	mit. SEE ATTACHED SITE SKETCH
Authorized State Agent: Date:	18 5 23





Department of Environment, Health and Natural Resources Division of Environmental Health On-Site Wastewater Section				P L F	heet: roperty ID: ot #: ile #:						
	for ON-S		TE EVALUAT STEWATER S		С	ode:		•			
Owner: Applicant: Address: Date Evaluated: Proposed Facility: Design Flow (.1949): Location of Site: Property Recorded: Water Supply: Public Individual Well Evaluation Method: Auger Boring Pit Cut Type of Wastewater: Sewage											
P R O F I .1940	100 C	.1940				DRPHOLOGY 1941	OTHER PROFILE FACTORS			1	
L E #	Landscape Position/ Slope %	Horizon Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR		
)	F3 2-5	0-12	GSL	VEINSAR							
		6-24	53× C2	VF-7. NS/NP FN 55/NP VF-7. NS/ND					85,5		
		223-48	63	VERNEAR							
2		0-10	G 52	VFN N3 M							
		10-28	331622	FN 55/NP					P7.5		
		18	53x 22 G)	area inde							
			· ·								

Description	Initial	Repair System	Other Factors (.1946):
	System		Site Classification (.1948): ^V ⁵
Available Space (.1945)		~	Evaluated By:
System Type(s)	25-2,20	group	Others Present:
Site LTAR	.5	- 5 `	