30114

HTE# 18-5-14089 5FD 1906-0010

Harnett County Department of Public Health

Improvement Permit

IVERCON INC	building permit cannot be issued with only an Improvement	Permit	
A C	10110	LUCAS RO	
	SUBDIVISION SWEGTWAT		
NEW REPAIR C EXPANSIO	N □ Site Improvements req	uired prior to Construction Authorization Issuance:	
Type of Structure: SED (50 350) (5 Proposed Wastewater System Type: 35% REDUCTION REPORTS			
	WIGH SYSTEM		
Projected Daily Flow: GPD GPD Number of bedrooms: Number of Occup			
Number of bedrooms: Number of Occup	ants:max		
Basement □Yes ⋈ No			
	red based on final location and elevations of facilities	D : 111	
Type of Water Supply: Community Public	Well Distance from well feet	Permit valid for: Five years	
Permit conditions:		☐ No expiration	
Authorized State Agent::	RGN3 Date: 6 5 18	SEE ATTACHED SITE SKETCH	
	tees the istrance of other permits. The permit holder is responsible for chec		
site is subject to revocation if the site plan, plat, or the intended use of	hanges. The Improvement Perent shall not be affected by a change in owner	rship of the site. This permit is subject to compliance with the provisions of	
the Laws and Rules for Sewage Treatment and Disposal and to condition		6/27/19	
	201 10 1000		
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules 1950, 1952, 19	254, .1955, .1956, .1957, .1958. and .1959 are incorporated by references in	into this permit and shall be met Systems shall be installed in accordance	
with the attached system layout.	54, 1755, 1756, 1757, 1756. and 1757 are morporated by references i	and any permit and shall be met. Systems shall be instance in accordance	
	PROPERTY LOCATION: Win	LL LUCAS RO	
1330ED 10. 11 128/14 1 2 2 1/2 3/2	PROPERTY LOCATION: WIND SUBDIVISION SWEETW	MES LOT # 20	
Facility Type: SFD(50'~50' (51'×3	New Expansion Repair	LUI # _&CO_	
1 using 1/per			
- 70/ 0	rures? 🗆 Yes 🗀 No		
Type of Wastewater System** 25% Re	mosion easirw	(Initial) Wastewater Flow: 片もつ GPD	
(See note below, if applicable □)	250/ 0- 0-		
	as% Rob. Sys. (Repair)		
Installation Requirements/Conditions	Number of trenches	8	
Septic Tank Size 1000 gallons	Exact length of each trench 245 feet	Trench Spacing: Feet on Center	
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 12-24 inches	
	Maximum Trench Depth of: 24-36 inches	(Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	•	30 above the trench bottom)	
D. D. ' C. TDII	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 E	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
**!!!:!! /// 4/	lis different from the time and iffed on the and institution	I am the mitarian of the main	
"It 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 Construe.		Dates	
Owner/Legal Representative Signature:	the control of the co	Date:	
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			
construction Authorization is subject to compilance with the providing of	the Laws and rules for sewage freatment and Disposal and to the condition	ons of this permit. SEE ATTACHED SHE SKETCH	
Additional Country of the Country of	in the second of	واحاء	
Authorized State Agent:	REHO Date:	8 6 18	
(2) 4430		/ 1 / 2	

	SFD1906-0010		
HTE#	18-5-44059		

Permit # 30114

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: WILL LUCES RO	
ISSUED TO: ATLACTIC CHASTONICTION SUBDIVISION SWEETHATER	LOT # _2O
Authorized State Agent: Date: 6 5 18	
THIS DRAWING IS FOR ILLUSTRATIVE PURPOSES ONLY SYSTEM INSTALLATION MUST MEET ALL PERTINENT LAWS, RULES, AND REGULATIONS	
1 1 2 c/27/19	

