

WE ARE APPLYING FOR A REVISION TO OMIT THE PUMP REQUIREMENT FOR THIS SYSTEM. THIS WAS BASED ON THE SEPTIC CONTRACTORS REVIEW WITH THE INSPECTOR OF THE EXISTING COND. TRENCHES & FINAL PLACEMENT OF THE DRAIN LINES.

Harnett County Department of Public Health

30207
 Thank you
 Roy Iverson
 910-237-3461

Improvement Permit 11 Rainmaker St.

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Atlantic Const. Inc PROPERTY LOCATION: Will Lucas Rd
 NEW REPAIR EXPANSION SUBDIVISION: SWEETWATER LOT # 22
 Type of Structure: SFD (43x40) See Improvements required prior to Construction Authorization Issuance
 Proposed Wastewater System Type: Pump To 25% Reduction System
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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 conditions: _____ Permit valid for: Five years No expiration

Authorized State Agent: [Signature] Date: 8/14/18 SEE ATTACHED 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 Authorization
 (Required for Building Permit)

The construction and installation requirements of Rules 1950, 1957, 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: Atlantic Const. Inc PROPERTY LOCATION: Will Lucas Rd
 Facility Type: SFD (43x40) New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System: Pump To 25% Reduction System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) Pump To 25% Red. Sys. (Repair)

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons
 Pump Tank Size 1000 gallons
 Number of trenches 1
 Exact length of each trench 180 feet
 Trenches shall be installed on contour at a Maximum Trench Depth of: 24-36 inches (Trench bottoms shall be level to +1/4" in all directions)
 Trench Spacing: 9 Feet on Center
 Soil Cover: 12-24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs _____ GPM
 Conditions: _____ Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ 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 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.

Authorized State Agent: [Signature] Date: 8/14/18 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 8/24/23

HTE# SFD1906-0002

Permit # 30207

Harnett County Department of Public Health Site Sketch

ISSUED TO: ATLANTIC CONSTRUCTION INC

PROPERTY LOCATION: 11 Rainmaker St,
WILL LUCAS RD

SUBDIVISION SWEEWATER

LOT # 22

Authorized State Agent: ~~XXXXXXXXXXXXXXXXXXXX~~

REINS (OL AL TO USE IN DE)

Date: 8/14/14

WILL LUCAS RD

