HTE# 07-500 18594R Harn... County Department of PublicIth 24377

Improvement Permit

| A building per | PROPERTY LOCATION: | rmit | |
|--|--|--|------|
| ISSUED TO: Intuition Development | SUBDIVISION CRESTUTE | LOT # 24 | 1 7 |
| | - CONTRACTOR CONTRACTO | | |
| NEW X REPAIR U EXPANSION U Type of Structure: SFD-52×43 337 | site improvements require | red prior to Construction Authorization Issuance: | |
| Proposed Wastewater System Type: Runnt- 25%- Red-ch | a dita | | _ |
| Projected Daily Flow: 36 a GPD | 134 351)4 | | |
| Number of bedrooms: 3 Number of Occupants: 6 | max | , | + |
| Basement Yes No | | | |
| | n final location and elevations of facilities | | |
| Type of Water Supply: Community & Public Well | Distance from well 50 feet | , Permit valid for: Prive years | |
| Parmit conditions: Mrst one to fix Final | 10- at Meen senter | system 50 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Pormit conditions: Mect onsite for Final | mintain all set Bas | K) | |
| | | | T |
| 0 | 25 | 4 | |
| Authorized State Agent: 4 LARS | Date: \(\sigma - \otimes - \o | SEE ATTACHED SITE SKETCH | |
| The issuance of this permit by the Health Department in no way guarantees | | | ing |
| their requirements. This site is subject to revocation if the site plan, plat, or | | | |
| permit is subject to compliance with the provisions of the Laws and Rules for | Sewage Treatment and Disposal and to conditions of thi | is permit. | |
| | | | + |
| <u>(</u> | onstruction Authorization | | |
| | (Required for Building Permit) | | |
| The construction and installation requirements of Rules .1950, .1952, .1954, | | by references into this permit and shall be met. Systems shall | be |
| installed in accordance with the attached system layout. | | | |
| ISSUED TO: Intuition Dev. | PROPERTY LOCATION: / 115 | | _ |
| | SUBDIVISION CRESTUR | LOT # 24 : | 2 |
| Facility Type: SFO-50x43 - JDR X | New 🗆 Expansion 🗆 Repair | | |
| Basement? ☐ Yes | Yes 🔛 No | | |
| Type of Wastewater System** Punto 25% Rd. | S Y A (Initial) Wastewater Flow: | 36 - GPD | |
| (See note below, if applicable 1) | , | | |
| fump 1- 25% | Red-SYS. (Repair) | | |
| Installation Requirements/Conditions | (, | | |
| | | | |
| Septic Tank Size 1.000 gallons Exact lei | ngth of each trench 1×225 feet | Trench Spacing: Feet on Center | |
| | | Soil Cover: 6 inches | |
| | . 0 | | |
| | | (Maximum soil cover shall not exceed | |
| , | bottoms shall be level to +/-1/4" | 36" above the trench bottom) | |
| in all di | rections) | | |
| Pump Requirements:ft. TDH vs GPM | | inches below p | |
| | | Aggregate Depth: inches above | |
| Conditions: | | inches to | otal |
| | | | |
| **If applicable: I understand the system type specifie | d is different from the type specified on the ap | pplication. I accept the specifications of this permit. | |
| | | | |
| Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, | | Date: | |
| | | | ship |
| of the site. This Construction Authorization is subject to compliance with the | provisions of the Laws and Rules for Sewage Treatment a | | |
| | ¥* | SEE ATTACHED SITE SKETCH | |
| Authorized State Agent: | Date: | 10-07 | |
| | Date: Construction Authorization Expiration Dat | te: 10. 2012 | |
| 1 | | 10-25-2010 | |

Harnett County Department of Public Health Site Sketch

