HTE# 08-500-20133 Harnett County Department of Public Health

24858

Improvement Permit

A building permit cannot be issued with only an Improvement Permit						
SQ D Hand D I / PROPERTY LOCATION: 1115	191					
ISSUED TO:) Home Builders SUBDIVISION CRESTURE US	LOT # 18 C					
	d prior to Construction Authorization Issuance:					
Type of Structure: STO - 36 x 41 SBR MAX						
Proposed Wastewater System Type: Alternating Dual Field, Scarel Projected Daily Flow: 360 GPD						
Number of bedrooms: Number of Occupants: max						
Basement \square Yes \bowtie 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: Meet Onlite mantain All set Darks - 50						
be installed Below Fill Lim - Musz Tostall F	reach Drain					
Authorized State Agent:: Date: 0606 08	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						
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						
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.						
Construction Authorization						
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 with the attached system layout.	this permit and shall be met. Systems shall be installed in accordance					
ISSUED TO: SS D Home Build PROPERTY LOCATION: ///						
SUBDIVISION CRESTOICE	LOT # /8 C					
Facility Type: SCD- New Expansion Repair	201 11 24 4					
Basement? Yes No Basement Fixtures? Yes No						
Type of Wastewater System** Alternating Dural Kelds Gravel	(Initial) Wastewater Flow:					
/(se note below if analisable)						
(Repair) - Some	Ono Prain Available					
Installation Requirements/Conditions Number of trenches						
Septic Tank Size gallons	rench Spacing: 7 Feet on Center					
	oil Cover: inches					
Maximum Trench Depth of: inches	(Maximum soil cover shall not exceed					
(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)					
in all directions)	above the trenen bottom)					
Pump Requirements:ft. TDH vs GPM	inches below pipe					
	ggregate Depth: inches above pipe					
Conditions:	12 inches total					
**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 tr	ansferred 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					
	1 - 6 1					
8	060608					
Construction Authorization Expiration Date	: 0606 2017					

Harnett County Department of Public Health Site Sketch

ISSUED TO:	59	O Homes	PROPERTY LOCATON: 111 SUBDIVISION	TVICLU LOT # /6(
Authorized	State Agent: _	J. Wy		Date: _060608	
	Note	- VA V2 TS	be switched	years by homeowner	lsz
10 ES A SE EN OIL	53	0	***	Some Only Rypain Meet Onsite Keep System (Ostales) Just Below Fill soll Install 6x60 & gravel	
MAX	-	73		Later Alternating suite Valve. Back FII onto of Ditches	
10 C I V E	/ ++,	63	JOD FA	Franch PRAIN To be 77.8' Orip with grand and Drain Timechape to with	(0-