HTE# 13-5-31643

Harnett County Department of Public Health

Improvement Permit

27552

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: SN2011 Crowford RD SUBDIVISION RFA ISSUED TO: Site Improvements required prior to Construction Authorization Issuance: Type of Structure: Proposed Wastewater System Type: 25% PGDUCTOD Projected Daily Flow: Number of Occupants: 8 Number of bedrooms: May be required based on final location and elevations of facilities ☐ No Pump Required: □Yes Type of Water Supply:

Community

Public

Well Distance from well _______feet Permit valid for: Permit conditions: ☐ No expiration Authorized State Agent:

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, .1954, .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. SUBDIVISION ZFA LOT # 1

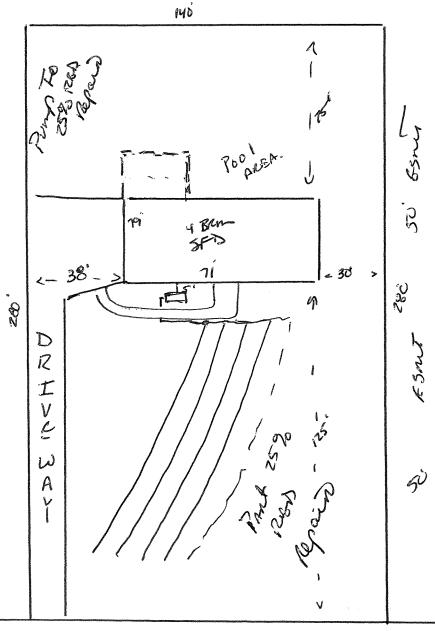
Expansion Repair Basement Fixtures?

Yes Basement? Yes 25% REDUCTION System (Initial) Wastewater Flow: 480 GPD Type of Wastewater System** (See note below, if applicable □) Number of trenches Installation Requirements/Conditions Exact length of each trench 80-65 Septic Tank Size 1200 gallons Pump Tank Size gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: _____ft. TDH vs. _____ GPM 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: _ 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 Authorized State Agent:

Construction Authorization Expiration Date: ___

Harnett County Department of Public Health Site Sketch

	PROPERTY LOCATON: 2011	Crawfo	nd ill
ISSUED TO: Robbie Pope	SUBDIVISION		LOT #
Authorized State Agent:	Marhante	Date:	7-10-13
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		NA	D TO BG RUN Con Final



JK 2006 CRAWFORD RA