

HTE# Repair

Harnett County Department of Public Health

27459

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Crystal Meadow Estates

PROPERTY LOCATION: 24 Ida Brown Lane

NEW REPAIR EXPANSION

SUBDIVISION _____ LOT # _____

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: SFD

Proposed Wastewater System Type: 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 50+ feet

Permit valid for: Five years No expiration

Permit conditions: _____

Authorized State Agent: Bryan McSwain, REHS

Date: 5/9/2013

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, .1952, .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: Crystal Meadow Estates

PROPERTY LOCATION: 24 Ida Brown Ln

Facility Type: SFD New Expansion Repair

SUBDIVISION _____ LOT # _____

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Number of trenches 5

Pump Tank Size _____ gallons

Exact length of each trench 60 feet

Trench Spacing: 9 Feet on Center

Trenches shall be installed on contour at a

Soil Cover: 6-18 inches

Maximum Trench Depth of: 30-18 inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to +/-1/4" in all directions)

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: Existing septic tank to be pumped out & crushed in place

water line may need to be moved to maintain 10ft setback

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. SEE ATTACHED SITE SKETCH

Authorized State Agent: Bryan McSwain, REHS Date: 5/9/2013
Construction Authorization Expiration Date: 5/9/2018

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Permit # 27459

Harnett County Department of Public Health Site Sketch

ISSUED TO: Crystal Meadows Estates SUBDIVISION _____ LOT # _____
PROPERTY LOCATOR: 24 Ida Brown Ln.

Authorized State Agent: Gregory McSwain RCH Date: 5/9/2013

