HTE# Repair

Harnett County Department of Public Health

Improvement Permit

27459

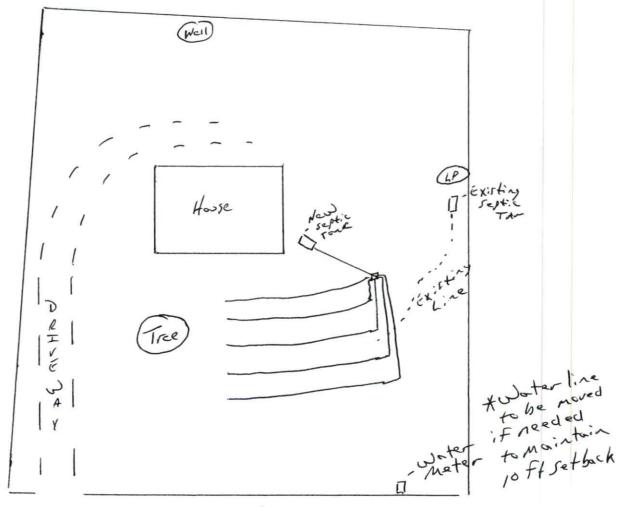
| A | building permit cannot be issued wit | | Permit Brown Lane | |
|--|---|---------------------------------|---|--|
| ISSUED TO: Crystal Meadow Estat | SUBDIVISION | | proof na | LOT # |
| NEW ☐ REPAIR Ø EXPANSION | | | uired prior to Construction Aut | |
| Type of Structure: SFD | <u> </u> | | | |
| Proposed Wastewater System Type: 2575 Red od: Projected Daily Flow: 360 GPD | inlysten | | | |
| | ants:max | | | |
| Basement Yes No | | 21 | | |
| | ed based on final location and eleva | | | _ |
| Type of Water Supply: Community Public Permit conditions: | ☐ Well Distance from well | 50 + feet | Permit valid for: | ✓ Five years✓ No expiration |
| 1 | | , / | | |
| Authorized State Agent: | REAL Date: | 5/9/2013 | CEE | ATTACHED SITE SKETCH |
| The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the site plan, plat, or the intended use ch the Laws and Rules for Sewage Treatment and Disposal and to conditions | ees the issuance of other permits. The permit anges. The Improvement Permit shall not be | t holder is responsible for che | king with appropriate governing bodie | s in meeting their requirements. This |
| | Construction Au (Required for Build | | | |
| The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout. | | | into this permit and shall be met. Syst | ems shall be installed in accordance |
| ISSUED TO: Crystal Meadon Est | ter PROPERTY | LOCATION: 24 Z | Ida Brown &L | A |
| | SUBDIVISIO | ONRepair | | LOT # |
| Facility Type: SFD | | sion 🗹 Repair | | |
| Basement? Yes No Basement Fixtu | | | | 3/0 |
| Type of Wastewater System** | | | (Initial) Wastewater Flow | v: GPD GPD |
| (See note below, if applicable) | ution System | (b :) | | |
| | Number of trenches 5 | (Repair) | | |
| Installation Requirements/Conditions | ACARP SERVICE SPACE PROC MISCELLO VIDAR VALUE AND ACAP A | (-C) (| T | |
| Septic Tank Size /OOO gallons Pump Tank Size gallons | Exact length of each trench Trenches shall be installed on co | | Trench Spacing: 9 | |
| Pump Tank Size gallons | Maximum Trench Depth of: 3 | | Soil Cover: 6-/8 | _ inches |
| | (Trench bottoms shall be level t | | (Maximum soil cover sha 36" above the trench b | |
| | A 200 Sec. No. 20 | 0 +/-1/4 | 30 above the trench b | ottom) |
| Pump Requirements: 6t TDU vs | in all directions) | | | index belowsies |
| Pump Requirements:ft. TDH vs | ַ ਪਾ। | | A | inches below pipe |
| Conditions Existing Early to 14 to | to purpost out & | couched in | Aggregate Depth: | |
| Conditions: Existing Septia tank to whater line may need to | be moved to mai | Adain 10F | + se + buck - | inches total |
| WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR DI | E 10FT. FROM ANY PART OF S | | | |
| **If applicable: / understand the system type specified | | ed on the application. | I accept the specifications of | of this permit. |
| | ,, | | | , |
| Owner/Legal Representative Signature: | at or the intended use changes. The Constru | ction Authorization shall not b | Date: | - aumantia of the site. This |
| Construction Authorization is subject to revocation in the site plan, pi | 55 A.T. | | | E ATTACHED SITE SKETCH |
| 1 | _ | | 7 , | |
| Authorized State Agent: Suyo Moo | | rization Expiration D | 5/9/2013 ate: 5/9/2018 | |
| | | | | |

| HTE# | Kepair | |
|------|--------|--|
| | | |

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Harnett County Department of Public Health Site Sketch

| PROPERTY LOCATON: 24 Ida Brown Ln. | |
|---|-------|
| ISSUED TO: Crystal Meadow Estates SUBDIVISION | LOT # |
| | |
| Authorized State Agent: Sugar Nowain Stell Date: 5/2/2013 | |



Spring Hill Ch. Rd.