Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 130 Crownview Ln. (Hodges Chapel Rd. - : ISSUED TO: My The Vo SUBDIVISION Crownview REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 4-Bedroom 51x56 SFD Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 480 Number of bedrooms: 4 Number of Occupants: 8 Basement Yes ☐ No Pump Required: Yes May be required based on final location and elevations of facilities Type of Water Supply: Community Public Well Distance from well NA feet Permit valid for: Five years No expiration Permit conditions: 06/30/2022 Authorized State Agent:: Date: Date: Date: State Agent: Date: Date Date: 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: My The Vo PROPERTY LOCATION: 130 Crownview Ln. (Hodges Chapel Rd. SUBDIVISION Crownview Facility Type: 4-Bedroom 51x56 SFD New Expansion Repair Basement Fixtures? Yes Basement? Yes 25% LEDUCTION STATEM (Initial) Wastewater Flow: 4800 Type of Wastewater System** (See note below, if applicable) 25% VERYLTION STOTEM Number of trenches 4 Installation Requirements/Conditions Trench Spacing: 5 Septic Tank Size 1000 gallons Soil Cover: Trenches shall be installed on contour at a Maximum Trench Depth of: 20 (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. ___ inches below pipe Aggregate Depth: inches above pipe Conditions: GARVITY/RUMP TO MEQUIL D-BOX EGUAL DISTRIBUTION inches total 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: L 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 SEE ATTACHED SITE SKETCH 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. Construction Authorization Expiration Date: 06/30/2027 Authorized State Agent:

ANDREW CORRIN

Harnett County Department of Public Health Site Sketch

Property Location: 13	to Crownview Ln. (Hoo	dges Chapel Rd SR 1709)		
Issued To: My The Vo		Subdivision Crownvie	ew	Lot # 9
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This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.