18-5-44092

HTE# 18-5-43812R

Harnett	County	Department	of	Public	Health
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Improvement Permit								
ļ	building permit cannot be issued with only an Improvement Permit							
T	PROPERTY LOCATION: <u>B52</u> Corresburg Park Ln. (Corresby Rd.) <u>S5-</u> LLC SUBDIVISION <u>Corresburg</u> Park Ln UT # <u>34</u>							
ISSUED TO: I riangle Llome Pro	5- LLC SUBDIVISION Carkesbury Park LOT # 34							
NEW REPAIR EXPANSION Type of Structure: 3BA 38' X42' STO + Proposed Wasterwater System Type: 25% 0-1	ON D Site Improvements required prior to Construction Authorization Issuance:							
lype of Structure: 360 38 X42 5+0 +	Del. Gus. (24×24)							
Troposed Wastemater system type aco/conceas	it on sys.							
Projected Daily Flow: <u>366</u> GPD								
Number of bedrooms: <u>3</u> Number of Occu Basement <u>Yes</u> No	pants:max							
	used based on final location and elevations of facilities							
Permit conditions:	□ Well Distance from well feet Permit valid for: □ Five years □ No expiration							
	*							
Authorized State Agent:	MELLE Date: 06/04/2018 SEE ATTACHED SITE SKETCH							
The issuance of this permit by the Health Department in no way guara	intees 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	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)							
with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance							
ISSUED TO: Triangle Home Pr	DS., LLC PROPERTY LOCATION: <u>SSZ</u> Corresponded Park La. (Corresponded) 4'x avi) SUBDIVISION <u>Corresponde</u> Route Lot # <u>34</u> <u>Car. INEW □ Expansion □ Repair</u>							
Facility Type: 3BA 35'X42'SED w/ Del	Cot. New Expansion Repair							
Type of Wastewater System**	tures? [] Yes [] No <u>2390 Reduction System</u> (Initial) Wastewater Flow: <u>360</u> GPD							
(See note below, if applicable $\Box$ )	(Initial) Wastewater How OF							
Pisce the below, it applicable []	259 Del Sunt (Panair)							
Installation Requirements/Conditions	Number of trenches (Repair)							
	Exact length of each trench feet Trench Spacing: Feet on Center							
Pump Tank Size <u>) () () g</u> allons	Trenches shall be installed on contour at a Soil Cover: <u>G</u> inches							
	Maximum Trench Depth of: 18 inches (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								
Conditions: On Contaur D-Ba	Aggregate Depth: <u>NA</u> inches above pipe <u>KEqual Distribution Required</u> <u>NA</u> inches total							
WATER LINES (INCLUDING IDDICATION) MUST								
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. DRAIN FIELD AREA.							
**If applicable: / understand the system type specified	t is different from the type specified on the application. I accept the specifications of this permit.							
Owner/Legal Representative Signature:	Date:							
	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	f the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH							

Authorized State Agent:	1 Andre	Date:	66/04/2018	
Anno	RED ( MAIN)	Construction Authorization Expiration Date:	66/04/2023	

