

Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

3-1441

ISSUED TO: TRUE HOMES, LLC PROPERTY LOCATION: 63 PAIGE STONE WAY (CHALBEATE SPRINGS)
 SUBDIVISION: CROSS LINK PLACE LOT # 69

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: EXISTING 302 STD

Proposed Wastewater System Type: 25% REDUCTION SYS.

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 NA feet

Permit valid for: Five years No expiration

Permit conditions: _____

Authorized State Agent: [Signature] Date: 07/06/2020 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.

3-1441

ISSUED TO: TRUE HOMES, LLC PROPERTY LOCATION: 63 PAIGE STONE WAY (CHALBEATE SPRINGS)
 SUBDIVISION: CROSS LINK PLACE LOT # 69

Facility Type: 302 STD New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** NOT APPLICABLE (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)

25% REDUCTION SYSTEM (Repair)

| | | |
|--|---|---|
| Installation Requirements/Conditions | Number of trenches <u>3</u> | |
| Septic Tank Size <u>EXT</u> gallons | Exact length of each trench <u>75</u> feet | Trench Spacing: <u>9</u> Feet on Center |
| Pump Tank Size <u>EXT</u> gallons | Trenches shall be installed on contour at a Maximum Trench Depth of: <u>18</u> inches (Trench bottoms shall be level to +/-1/4" in all directions) | Soil Cover: <u>6</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom) |
| Pump Requirements: _____ ft. TDH vs. _____ GPM | | Aggregate Depth: <u>NA</u> inches below pipe <u>NA</u> inches above pipe <u>NA</u> inches total |

Conditions: _____

**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: [Signature] Date: 07/06/2020
ANDREW CORAN Construction Authorization Expiration Date: 07/06/2025

Application # EH 2006-0022

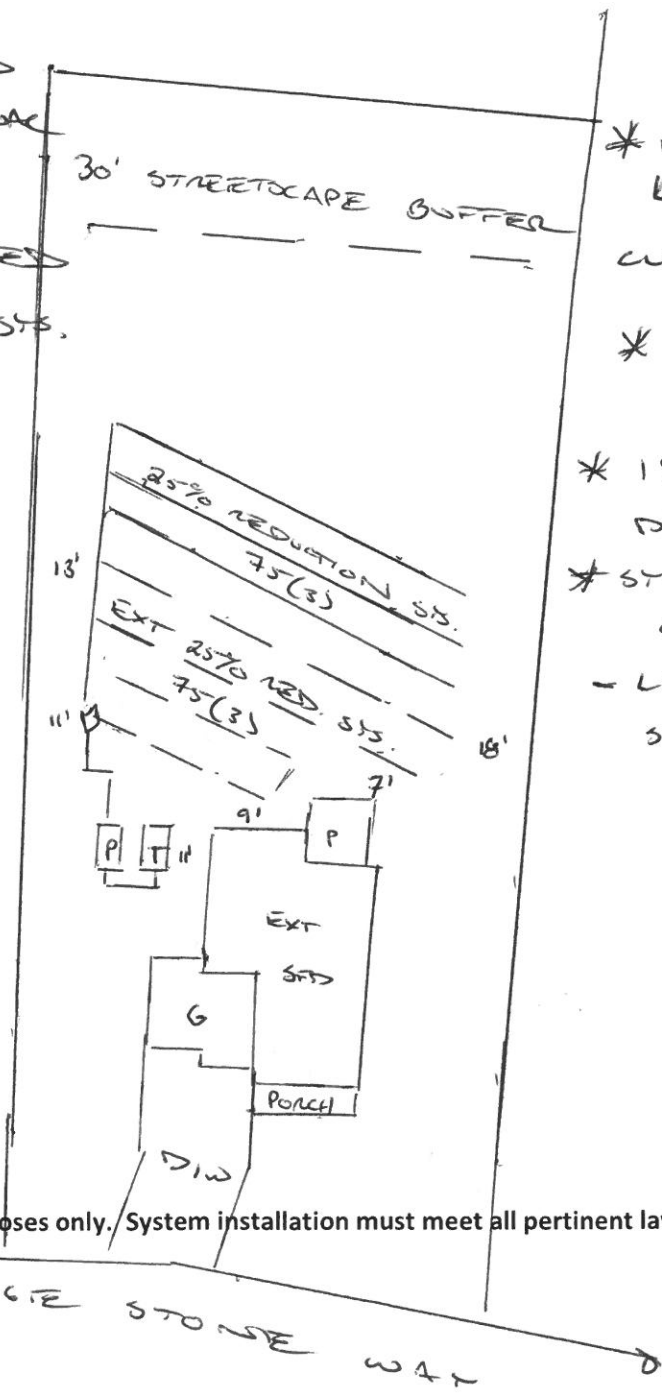
Harnett County Department of Public Health Site Sketch

Property Location: 63 PAIGE STONE WAY (CHALBERTE SPRINGS RD - SW 1/4)

Issued To: TRUE HOMES LLC Subdivision CROSS LINK PLACE Lot # 69

Authorized State Agent: *[Signature]* Date: 07/06/2020
ANDREW CURRIN

* CONTRACTOR STATED
EXT SYS. IS OPERATIONAL
AND NOT DAMAGED.
SYS. SHALL BE EXPANDED
TO UTILIZE INITIAL SYS.
AND REPAIR SYS.
[LOWER S.BOX MAY
BE REQUIRED]



* PROPERTY IRONS AND
LINES SHALL BE
CLEANLY MARKED
AT INSTALL
* [REQUIRED]*
* 18 IN TRENCH
DEPTH MAX
* SYS. FLAGGED
ON SITE
- LAST LINE EXT
SYS. MARKED RED

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

Andrew Currin

From: Cory Brantley <1installer@gmail.com>
Sent: Wednesday, June 17, 2020 2:43 PM
To: Andrew Currin
Cc: Kenny Loch; Daniel Hager
Subject: [External]63 Paige Stone way

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Andrew,

As discussed. We have been to the site numerous times

1. Found Lower trench malfunctioning Probed line . Did camera inspection on all lines, did not find damage. Adjusted speed levelers to redirect flow to other lines. This was early spring. 2020
2. Problem persisted, made more adjustments to distribution box, installed time dosed control, checked water usage. Problem continued. The was in April 2020

At this point we likely need to add drain line.

Cory J Brantley
David Brantley and Sons Inc
Mobile 919-669-5188
Office. 252-478-3721