## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO TRUO Homos I	1.0	PROPERTY LOCATION: 129 Cross	s Link Drive (Chalybeate S	
ISSUED TO: True Homes L		SUBDIVISION Cross Link		LOT # 5 <u>8</u>
NEW REPAIR  Type of Structure: 3-bedroon	M 57'y40' SED	SION Site Improvemen	nts required prior to Construction	Authorization Issuance:
		Sustam		
Proposed Wastewater System T Projected Daily Flow: 360	, ,	System		
Number of bedrooms: 3	GPD Number of Occ	cupants: 6 max		
Basement Tres No		upantsmax		
	* 11 POLICE ST	quired based on final location and elevations of facilities		
Type of Water Supply: Co		Well Distance from well NA fee	t Permit valid	for: 🔀 Five years
Terrine conditions.		7		_ no expiration
		7		
Authorized State Agent::	1/2/1	11/1/145 Date: 05/1	4/2019	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Heasite is subject to revocation if the site the Laws and Rules for Sewage Treatm	plan, plat, or the intended us	arantees the issuance of other permits. The permit holder is responsible e changes. The Improvement Permit shall not be affected by a change i tions of this permit	for checking with appropriate governing in ownership of the site. This permit is s	bodies in meeting their requirements. This ubject to compliance with the provisions of
		Construction Authorization	1	
		(Required for Building Permit)		
The construction and installation requir	ements of Rules .1950, .1952,	.1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by refe	rences into this permit and shall be met	. Systems shall be installed in accordance
with the attached system layout.				A A PACINO SIGNIO CONTRACTOR DECORDER
ISSUED TO: True Homes L	LC	PROPERTY LOCATION: 129	Oross Link Drive (Chalybe	eate Springs Road - SR 1441
		SUBDIVISION Cross Link		LOT # 58
Facility Type: 3-bedroom 5	7'x40' SFD	New □ Expansion □ Re	pair	
Basement? Yes		ixtures? Yes No	r	
Type of Wastewater System*			(Initial) Wastewater	Flow: 360 GPD
(See note below, if applicable			(iiitiai) wastewater	110# 010
(see note below, if applicable	25% Reduction	n System (Repair)		
Installation Requirements/Con		Number of trenches 3 (Repair)		
Septic Tank Size 1000		and the second s	Transh Carainas O	[ C
	gallons	8	et Trench Spacing: 9	
Pump Tank Size	gallons	Trenches shall be installed on contour at a	Soil Cover: 6-12	inches
			hes (Maximum soil cover	
		(Trench bottoms shall be level to +/-1/4"	36" above the trend	ch bottom)
21 21 2		in all directions)		
Pump Requirements:	ft. TDH vs	GPM	<u>NA</u>	inches below pipe
			Aggregate Depth: NA	inches above pipe
Conditions:				NA inches total
	IRRIGATION) MUST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM	OR REPAIR AREA.	NA inches total
**If applicable: <u>I</u> understand to	he system type specifi	ed is different from the type specified on the applica	ation. I accept the specificatio	ns of this permit.
Owner/Lagal Bassassassassass	ignaturo:		D-+	
Owner/Legal Representative S		n, plat, or the intended use changes. The Construction Authorization shal		12 (4 2 2 2
CONSTRUCTION AUTHORIZATION IS SUDJECT 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
		1111		
Authorized State Agent: _Z	Tolle	Da Da	ite: 65/14/20	17
		Construction Authorization Expiration	on Date: 05/14/2	OP4

HTE#	SED	1904	-0048
IIILT	2	10.	

Permit # \_\_\_\_ NA

## Harnett County Department of Public Health Site Sketch

choss

100 XTHREE(3) 75FT FUR 4-BEDZGEMS 40' 37.61 361 571 SIFO 21.71 DIW

Drive