Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 109 Cross Li	nk Drive (Chalybea	ate Springs Ro	ad - SR 1441)
ISSUED TO: True Homes LLC	SUBDIVISION Cross Link			LOT # 59
NEW REPAIR EXPANSION	Site Improvements re	equired prior to Constr	ruction Authorizat	ion Issuance:
Type of Structure: 3-bedroom 46'x40' SFD				
Proposed Wastewater System Type: 25% Reduction System				
Projected Daily Flow: 360 GPD				
Number of Dedrooms: 3Number of Occupants: 6	max			
Basement ☐Yes ☒ No Pump Required: ☐Yes ☒ No ☐ May be required based on fina				
Pump Required: \(\textstyre \) Yes \(\textstyre \) No \(\textstyre \) May be required based on fina Type of Water Supply: \(\textstyre \) Community \(\textstyre \) Public \(\textstyre \) Well \(\textstyre \) Dis Permit conditions:	Il location and elevations of facilities tance from well NA feet	Permit	valid for:	▼ Five years ■ No expiration
				I No expiration
Authorized State Agent::		12019	SEE ATTACH	ED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of o site is subject to revocation if the site plan, plat, or the intended use changes. The Improvem the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit	ther permits. The permit holder is responsible for chent Permit shall not be affected by a change in own	necking with appropriate governments of the site. This perr	rerning bodies in mee nit is subject to com	ting their requirements. This pliance with the provisions of
Cons	truction Authorization			
	Required for Building Permit)			
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 19	57, 1958, and 1959 are incorporated by references	into this permit and shall	he met Systems shal	he installed in accordance
with the attached system layout.		and this permit and man	be met. Systems small	to de instanco in accordance
ISSUED TO: True Homes LLC	DRODERTY LOCATION 109 Cr	oss Link Drive (Ch	alubaata Carir	on Dead CD 4444
1330ED 10	PROPERTY LOCATION: 109 Cr	USS LINK Drive (CI)	alybeate Sprii	
Facility Type: 3-bedroom 46'x40' SFD New	SUBDIVISION Cross Link			LOT # <u>59</u>
, , ,				
Basement? Yes No Basement Fixtures? Yes	□No			
Type of Wastewater System** 25% Reduction System		(Initial) Wastew	rater Flow: 360	GPD GPD
See note below, if applicable (1)				
25% Reduction System	(Repair)			
nstallation Requirements/Conditions Number of tree				
	f each trench 75 feet	Trench Spacing: 9	Fe	et on Center
Pump Tank Sizegallons Trenches shall	be installed on contour at a	Soil Cover: 6-12	inch	25
Maximum Trend	ch Depth of: 18-24 inches	(Maximum soil o	over shall not	exceed
(Trench bottom	s shall be level to +/-1/4"	36" above the	trench bottom)	
in all directions	(2		,	
oump Requirements:ft. TDH vsGPM	•		NA	inches below pipe
# 07 May 500 (CC) Township		Aggregate Depth:	NA	inches above pipe
onditions:		99.9	NA	inches total
				jinches total
/ATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A O UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR	ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.		
*If applicable: 1 understand the system type specified is different from	the type specified on the application.	I accept the specifi	cations of this	permit.
wner/Legal Representative Signature:		Datas		
is Construction Authorization is subject to revocation if the site plan, plat, or the intended us	e changes The Construction Authorization Authorization	Date:	- 1	C (d
onstruction Authorization is subject to revolution in the site plant, but, or the intended as	: changes, the construction Authorization shall not t	on of this parmin		
to companies with the provisions of the Laws allo holes to	Anage reactificity and proposal and to the condition	ons of this permit.	JEE AIIA	CHED SITE SKETCH
	TACILE .	1. Zli.	1000	
uthorized State Agent:	Date:	08/14	1201)	-
ANDREW CURRIN CONS	truction Authorization Expiration D	ate:05/1	412024	_

HTE#	SID	1904	-0049
111 11/1		107	

Permit #_____A

Harnett County Department of Public Health Site Sketch

				S/C 144)	
		PROPERTY LOCATON: 1091 (cross Link Or.	(chalquate Springs	NJ)
ISSUED TO: True	Hours LLC	SUBDIVISIONCCC	XS LINK	101 # 39	
Authorized State Agent:	Comment	Must s	Date:	14/2019	

