Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION 82 Paige Stone Way (Chalybeate Springs Road - SR 1441)

ISSUED TO: True Homes LLC		N Cross Link	one way (Charybeate Springs	
	ANSION	32	required prior to Construction Autho	L0T # 62
Type of Structure: 4-bedroom 58'x40' SFD		site improvements i	edanco buoi in construction vario	mization issuance.
Proposed Wastewater System Type: 25% Reduction	on System	-		
Projected Daily Flow: 480 GPD				
Number of bedrooms: 4 Number of	Occupants: 8 max			
Basement Yes 🔀 No				
Pump Required: Yes No May be	required based on final location and	elevations of facilities		
	lic Well Distance from well	NA feet	Permit valid for:	▼ Five years
Permit conditions:				■ No expiration
Australia Const. Australia	111111 N. 115 .		11-11	
Authorized State Agent:	Date Date	05/16	HI 2019 SEE ATT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way site is subject to revocation if the site plan, plat, or the intended	guarantees the issuance of other permits. The p use changes. The Improvement Permit shall no	ermit holder is responsible for cl be affected by a change in ow	hecking with appropriate governing bodies in nership of the site. This permit is subject to	n meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to co	nditions of this permit.	ar and any a disange in on	nersing of the site. This permit is subject to	computance with the provisions of
-				
	Construction	Authorization		
The construction and installation requirements of Rules .1950, .19	(Required for Bi	Inding Fermil)	s into this parmit and shall be mor Sustant	s shall be inserted in accordance
with the attached system layout.	74,	are incorporated by reference	s into this permit and snail be met. Systems	s shall be installed in accordance
resum as True Homes II C				
ISSUED TO: True Homes LLC		Destruit Ivaniar apparaturativa and	ge Stone Way (Chalybeate S	prings Road - SR 1441
		ISION Cross Link		LOT # 62
Facility Type: 4-bedroom 58'x40' SFD		ansion 🔲 Repair		
The state of the s	Fixtures? Yes No			
Type of Wastewater System** 25% Reduction	n System		(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable)				
25% Reducti	on System	(Repair)		
Installation Requirements/Conditions	Number of trenches 4			
Septic Tank Size 1000 gallons	Exact length of each trench	7 <u>5</u> feet	Trench Spacing: 9	Feet on Center
Pump Tank Sizegallons	Trenches shall be installed or	contour at a	Soil Cover: 6i	inches
	Maximum Trench Depth of: 1	8 inches	(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be leve	to +/-1/4"	36" above the trench bott	
	in all directions)			····)
Pump Requirements:ft. TDH vs	GPM		NA	inches below pipe
			Aggregate Depth: NA	inches above pipe
Conditions:			NA	inches total
WATER LINES (INCLUDING IRRIGATION) MU	CT RE 10FT EDOM ANY DADT OF	CEDTIC CYCTEM OD	DEDAID ADEA	
NO UTILITIES ALLOWED IN INITIAL OR REPAI	D DDAIN CICID ADCA	SEFFIC STSTEM OK	REPAIR AREA.	
**If applicable: 1 understand the system type speci	ified is different from the type spec	ified on the application	. I accept the specifications of to	this permit.
			, , ,	,
Owner/Legal Representative Signature:			Date:	
his Construction Authorization is subject to revocation if the site p	lan, plat, or the intended use changes. The Con-	truction Authorization shall not		vnership of the site This
onstruction Authorization is subject to compliance with the provision	ns of the Laws and Rules for Sewage Treatment	and Disposal and to the conditi	ions of this permit.	ATTACHED SITE SKETCH
Authorized State Agent:	and I will	Date.	05/14/2019	
ANDREW CURR	Construction Auth	orization Expiration D	05/14/2019 late: 05/14/2024	

HTE# SKD 1904-0050	HTE#	SED	1904	-COST	
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Permit # ____

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: 82 Parge Stare Way (Chulywate Sp. 12)

Authorized State Agent: 05/14/2019

