Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement	Permit	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
To 11	PROPERTY LOCATION: 91 Paig	ge Stole Way	Charyweale Spangs 1
ISSUED TO: True Homes LC	SUBDIVISION COSSE	Link Place	LOT #
NEW REPAIR EXPANSION	Site Improvements rec	quired prior to Construction Authoriz	ration Issuance:
Type of Structure: 3-Bedroom 50'x3	6' SFD		
Proposed Wastewater System Type: 25% Ned:	ation 5/5.		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occup.	ants: 6 max		
Basement Yes No	All and a second		
	red based on final location and elevations of facilities		
Type of Water Supply: Community Public		Permit valid for:	1 Five years
Permit conditions:	Well bistance nom wen rece	Territor vario voi.	No expiration
Terring Conditions.		0	III No expiration
//_	7		
Authorized State Agenti:	eccent mH3 Date: 05/23	12019 SEE ATTA	CHED SITE SKETCH
Authorized State Agent:	ees the issuance of other permits. The permit holder is responsible for che		
	anges. The Improvement Permit shall not be affected by a change in owne	0 71 1 0 0	
the Laws and Rules for Sewage Treatment and Disposal and to condition			omposite state pro-
Secretary and the secretary secretary secretary and the secretary and the secretary se	- SECONDARY - PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY AND ADDRESS OF T		
	County stine Authorization		
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19	54, .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.		- Company - Comp	
		11.	1 (
ISSUED TO: I rue Homes, Lue	PROPERTY LOCATION: 91 f	aige stone was (c	malyhed Springs 16
	SUBDIVISION _ Cross	Link Place	40T # <u>689</u>
Facility Type: 3-Bedroom 50'x40's	New Expansion Repair		
Basement? Yes Ao Basement Fixt			
		(Initial) Wasterman Flour	712 000
Type of Wastewater System** 2592	neduction system	(IIIItiai) wastewater riow	360 GPD
(See note below, if applicable)	000 1-1		
1+t-Grade	25% Red. 5,5 (Repair)		
Installation Requirements/Conditions	Number of trenches 4		
Septic Tank Size 1000 gallons	Exact length of each trenchfeet	Trench Spacing:	Feet on Center
Pump Tank Sizegallons	Trenches shall be installed on contour at a		nches
Tump Tank Sizeganons	The second secon	STANDED FOR SECURITY VICE TO SECURITY S	
		(Maximum soil cover shall no	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench botto	om)
	in all directions)		
Pump Requirements: ft. TDH vs	GPM	~A	inches below pipe
			inches above pipe
Conditions:			inches total
Conditions.			menes total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR F	REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIFI D ARFA		
TO OTHER RECOVED IN MITTAL ON REPAIR D	THE PRESENTATION OF THE PROPERTY OF THE PROPER		
**If applicable: I understand the system type specified	is different from the type specified on the application.	I accept the specifications of the	his permit.
Owner/Legal Representative Signature:		Date:	
	at, or the intended use changes. The Construction Authorization shall not b		perchin of the site. This
	the Laws and Rules for Sewage Treatment and Disposal and to the condition		TTACHED SITE SKETCH
construction Authorization is subject to compliance with the provisions of	the cams and notes for sewage treatifient and Disposal and to the condition	ons or this pernint. SEE P	TINCHED JITE JAETCH
- Thu	The second section		
Authorized State Agent:	Date:	05/23/2019	_
A 4	Construction Authorization Expiration D	ate: 05/23/2004	

HTE#	らたり	905	-003	3
111611				_

Permit # _____

Harnett County Department of Public Health Site Sketch

T- 11	PROPERTY LOCATON:_	91 Paige Stone	chay (Chalyheak Son	ings ad.
ISSUED TO: 1 rue Homes, LCC	SUBDIVISION	Cross Link	Place 101# 68	,0
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Authorized State Agent:	amm,	CHS Date:	05/23/2019	
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