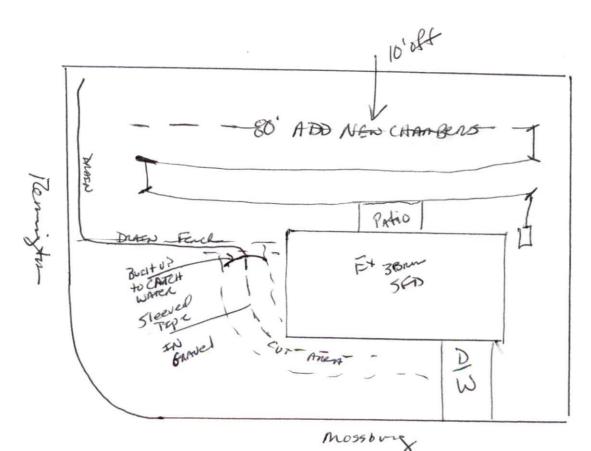
## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit		
ISSUED TO: TRICON Residentias	PROPERTY LOCATION 5X 1125 Cemuel Black RB SUBDIVISION GENERATE LOT # 12	
NEW REPAIR EXPANSION		
Type of Structure: Ex 550		
Proposed Wastewater System Type: 25% Nos		
Projected Daily Flow: 360 GPD		
Number of bedrooms: Number of Occupa	nts:max	
Basement Yes No		
	ed based on final location and elevations of facilities    Well Distance from wellfeet   Permit valid for:   Five years	
Permit conditions:	No expiration	
\$ 1	1 LEE TUSUS	
Authorized State Agentin	What Date: 6-14-22 SEE ATTACHED SITE SKETCH	
	ees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This anges. 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		
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .195	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.		
ISSUED TO: TRICON Resodo	Had PRODERTY LOCATION ST 1125 Lemm & Black CA	
13000 10.	SUBDIVISION GARGEST LOT # 12	
Facility Type: Go 5.5	New Expansion Repair	
Basement? Yes No Basement Fixtu	_	
Type of Wastewater System**	(Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable )		
25% 120	The change (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size By gallons	Exact length of each trench 80 feet Trench Spacing: 7 Feet on Center	
Pump Tank Sizegallons	Trenches shall be installed on contour at a Soil Cover:inches	
	Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
	in all directions)	
Pump Requirements:ft. TDH vs	GPM inches below pipe	
4	Aggregate Depth: Z inches above pipe	
	CF ONSETS PMON to INSTREY 12 inches total	
DEVENSED DRAGN FUST	ALL TO BE PESSENGD.	
WATER LINES (INCLUDING IRRIGATION) MUST BI	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DE		
The state of the s		
applicable: I understand the system type specified	is different from the type specified on the application. I accept the specifications of this permit.	
Ourse/Logal Representative Signatures	Date:	
Owner/Legal Representative Signature:	Date:  at, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This	
	the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.  SEE ATTACHED SITE SKETCH	
Authorized State Agent:	Marlow 1 10-14-22	
MULITOTIZEU STATE MACITI.	Construction Authorization Expiration Date: 6-14-27	
	Construction Authorization Expiration Date: 19 17 0	

## Harnett County Department of Public Health Site Sketch

Property Location: 56, 1115 Centural Block 125	
Issued To: Trucas Residential Subdivision GATE WEST	Lot # _/Z
d 1 1 1 0 7 75045	6-14-22
* DRAIN WILL NOED Sleeved Corrugated Pepe And Gravel	to catch point
AT CATCH Clay Dams WIN BE NEEDED TO redirect with	n to French Druger
* Contrador to need on settle prior to ENSTALL.	



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