Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION:	Cypress Church Rd. (SR 1107)			
ISSUED TO: Trifecta Group, LLC	SUBDIVISION	LOT #			
NEW REPAIR EXPANSION	Site Improvements r	equired prior to Construction Authorization Issuance:			
Type of Structure: 3-bedroom SFD 107"x44"					
Proposed Wastewater System Type: 25% Reduction Sys.					
Projected Daily Flow: 360 GPD	-				
Number of bedrooms: 3 Number of Occupants: 6	max				
Basement Yes X No					
	on final location and elevations of facilities	_			
Type of Water Supply: Community Public Wel	Distance from well 50+ feet	Permit valid for: 🔀 Five years			
Permit conditions:		No expiration			
114					
Authorized State Agent::	MHS Date: 64/17/	DOS SEE ATTACHED SITE SHETCH			
The issuance of this permit by the Health Department in no way guarantees the issu					
site is subject to revocation if the site plan, plat, or the intended use changes. The	improvement Permit shall not be affected by a change in ow	nership 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 of this per		and I make a supplemental transfer to the supplemental transfer transfer to the supplemental transfer transfe			
	Construction Authorization				
,	(Required for Building Permit)				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .		s into this parmit and shall be mot Sustams shall be installed in accordance			
with the attached system layout.	the state of the s	, mo this permit and man be mee. Systems shall be histaned in accordance			
Trifesta Craus II C					
ISSUED TO: Trifecta Group, LLC	PROPERTY LOCATION:				
	SUBDIVISION	LOT #			
Facility Type: 3-bedroom SFD 107"x44"					
Basement? Yes 🗵 No Basement Fixtures?	Yes No				
Type of Wastewater System** 25% Reduction System		(Initial) Wastewater Flow: 360 GPD			
(See note below, if applicable)					
25% Reduction System	(Repair)				
Installation Requirements/Conditions Number	of trenches 4				
The state of the s	ength of each trench 70 feet	Trench Spacing: 9 Feet on Center			
	s shall be installed on contour at a	Soil Cover: 6inches			
, g	m Trench Depth of: 18inches	(Maximum soil cover shall not exceed			
	bottoms shall be level to +/-1/4"	A BUCKET STANDARD CONTRACT STANDARD STANDARD STANDARD STANDARD STANDARD STANDARDS			
,		36" above the trench bottom)			
	irections)	NA .			
Pump Requirements:ft. TDH vsGPM		NA inches below pipe			
FOR F W. H. O. H L. M.		Aggregate Depth: NA inches above pipe			
Conditions: 50ft Existing Well Setback Minimum		NA inches total			
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT.	FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIE					
**If applicable: I understand the system type specified is differe	nt from the type specified on the application	o. I accept the specifications of this permit.			
wner/Legal Representative Signature: Date:					
This Construction Authorization is subject to revocation if the site plan, plat, or the in					
Construction Authorization is subject to compliance with the provisions of the Laws an	d Rules for Sewage Treatment and Disposal and to the condi-	tions of this permit. SEE ATTACHED SITE SKETCH			
Authorized State Agent:	Date:	64/17/2019			
	Construction Authorization Expiration I				
ANDITED CONTIN					

HTE# 500	1903-	0041
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Permit # ____ NA

Harnett County Department of Public Health Site Sketch

ISSUED TO:	Trifecta Group, uc	PROPERTY LOCATON:	Cyress Church	
		CURIN NEW	Date:	104/11/2019
	2551	40(4)	50 EXT SETBACK	
	EXT SED	PROPOSED	107'	BARN
		EXISTIN 6	Drive	
	E TO CY	NOASO (SIL 1104)		