SFD19	0	7-	001	6
App#				

Harnett County Department of Public Health

Improvement Permit

	A building permit cannot be issued with only an Improvement Pe	ge stone way (chulyhoute Sp. 1
ISSUED TO: True Homes LL	SUBDIVISION CROSS &	10 K
NEW REPAIR EXPANSI		ed prior to Construction Authorization Issuance:
Type of Structure: 3-Gedroom 55'x.	35' SFD	prior to construction nationzation issuance.
Proposed Wastewater System Type: 25% Ne.	Auction Sa	
Projected Daily Flow: 366 GPD		
	pants: max	
Basement Yes No		
	pired based on final location and elevations of facilities	
	Well Distance from well feet	Permit valid for: Five years
Permit conditions:	The brance nominen 1973 teet	No expiration
		No expiration
Authorized State Agent::	Date: 08/08/6	
The issuance of this permit by the Health Department in no way guar-	intees the issuance of other permits. The permit holder is responsible for checking	with appropriate governing hodies in meeting their requirements. This
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 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 condition	ns of this permit.	
	6	
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .	954, .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: TO 35 11 20125 14	C- DRODERTY LOCATION 12(C	to de la lante se al
BOLD TO. THOS GOINGS SE	PROPERTY LOCATION: 126 F	chige stone way chargheate from
rate of and and and	20RDIAIZION COSS	5 Link 101 # 66
Facility Type: 3B2 55 X35 SF		
	tures? Yes No	
Type of Wastewater System**	o reduction system	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)		
25% Ne	dution system (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size \ \ \ \ \ \ \ \ \ \ gallons	Exact length of each trench 75 feet Tr	ench Spacing: Feet on Center
Pump Tank Sizegallons		il Cover:inches
	Maximum Trench Depth of: 24inches	(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
		ggregate Depth: A inches above pipe
Conditions:		
Conditions.		inches total
WATER LINES (INCLUDING IRRIGATION) WHIST	AF LOFE FROM LINE BLOCK OF STREET	
WATER LINES (INCLUDING IKRIGATION) MUST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPA	AIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR [RAIN FIELD AREA.	
** If applicable: / understand the system type specified	is different from the type specified on the application. I a	account the specifications of this pormit
	is officient from the type specified on the application. I a	accept the specifications of this perint.
Owner/Legal Representative Signature:		Date:
	olat, or the intended use changes. The Construction Authorization shall not be tra	
Construction Authorization is subject to compliance with the provisions of	f the Laws and Rules for Sewage Treatment and Disposal and to the conditions o	f this permit. SEE ATTACHED SITE SKETCH
, and a second of	Transition and proposal and to the conditions of	The ATTACHED SHE SKETCH
Authorized State Assess	NO VS	08/08/2019
Authorized State Agent:	Date:	08/08/2019
ANDREW CURR	Construction Authorization Expiration Date:	00 00 2024

Harnett County Department of Public Health Site Sketch

Site Sketch
ISSUED TO: True Honces LCC SUBDIVISION Cross Link LOT # 66
Authorized State Agent Andrew Grant Appendix Copy (copy ac) a Andrew Grant Appendix Copy ac) a Andrew Grant Appendix Copy ac) a Andrew Grant C
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