App# 5001909-0018

Harnett County Department of Public Health

Improvement Permit

A 1000 PM	improvement remine	51	-1440
A building	permit cannot be issued with only an Improvement PROPERTY LOCATION: 25 North	rermit	
ISSUED TO: True Homes LCC	SUBDIVISION COMES	FERM	101 # 23
NEW □ EXPANSION □		quired prior to Construction Authoriz	ration Issuance:
Type of Structure: 3-Bedroom 49'x 46' ST	D She improvements rec	funca prior to construction Authoriz	zation issuance.
Proposed Wastewater System Type: 25% Noduction	N 5/5.		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants:	Gmax		
Basement Tes No			
Pump Required: Yes No May be required base	d on final location and elevations of facilities		
Type of Water Supply: Community Public W	ell Distance from well feet	Permit valid for:	Five years
Permit conditions:			■ No expiration
	11/11/2	2	
Authorized State Agent:	Date: 10/01/2		CHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issue is subject to revocation if the site plan, plat, or the intended use changes. The	suance of other permits. The permit holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this		The state of the s	emphanic min the promotion of
	Construction Authorization		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955	(Required for Building Permit)	into this permit and shall be met Sustams	shall be installed in assessance
with the attached system layout.	.1750, .1751, .1750. and .1757 are incorporated by references	into tins permit and shan be met. systems :	
	20	- /-	52,440
ISSUED TO: True Horres LLC		oris Farm Dr. (Ja	was Horris rd.
(6)(1)	SUBDIVISION	ram	LOT # _23_
Facility Type: 301 45'x40' 5FO	New 🗌 Expansion 🔲 Repair		
Basement? Yes No Basement Fixtures?	The state of the s		
Type of Wastewater System** 25-90 0	eduction sys.	(Initial) Wastewater Flow: _	360 GPD
(See also below (Completely D)	0		
(see note below, if applicable []) Powp to 257 Installation Requirements/Conditions Numb	a red - Sys. (Repair)		
Installation Requirements/Conditions Numb	er of trenches 3	G	
	length of each trench 75 feet	Trench Spacing: 9	Feet on Center
Pump Tank Sizegallons Trencl	es shall be installed on contour at a	Soil Cover: 6-12 in	nches
Maxin	um Trench Depth of: 18-24 inches	(Maximum soil cover shall no	ot exceed
	h bottoms shall be level to +/-1/4"	36" above the trench botto	
,	directions))
Pump Requirements:ft. TDH vsGPM		NA	inches below pipe
		Aggregate Depth: ~A	inches above pipe
Conditions: Gravity to D-Box; Pr	mosal by Advas Sail Ca	assisting a	inches total
conditions.	posit by really soll so	13014119	miches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 1053	EDOM AND DADT OF CENTIC CUCTOM OD I	FRAIR AREA	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT		LEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN F	IELD AREA.		
**If applicable: 1 understand the system type specified is diffe	rent from the type specified on the application.	I accept the specifications of the	his permit.
	one normanic type specimes on the apprecions	accept the specimentons of the	no permu
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the	intended use changes. The Construction Authorization shall not h		enership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws			ATTACHED SITE SKETCH
Authorized State Agent:	Data:	10/01/2019	
	Date:	210: 10/01/2024	
ANDREW CURRIN	CONSTRUCTION AUTHORIZATION EXCURATION D	alt.	

Harnett County Department of Public Health Site Sketch

ROPERTY LOCATON: 26 Maris Form Dr. (James Noris Nd.

To 11	PROPERTY LOCATON:	ab source	s roun	Dr. (Jones Non's	ad
ISSUED TO: True Hones LLL	SUBDIVISION	20 128		LOT # 23	_
Authorized State Agent:		Date:	10/	01/2019	
	50.3 C	P Dutc.		,,,,,	

* SHALLOW (18TH) TO DEEP (04TH) INSTALL REQUIRED

[CALL PRIOR TO INSTALL IF ADDITIONAL DEPTH REQUIRED]

* INSTALL CLOSE TO SFD TO MAXIMIZE REPAIR

* D-150X DISTRIBUTION REGURED

