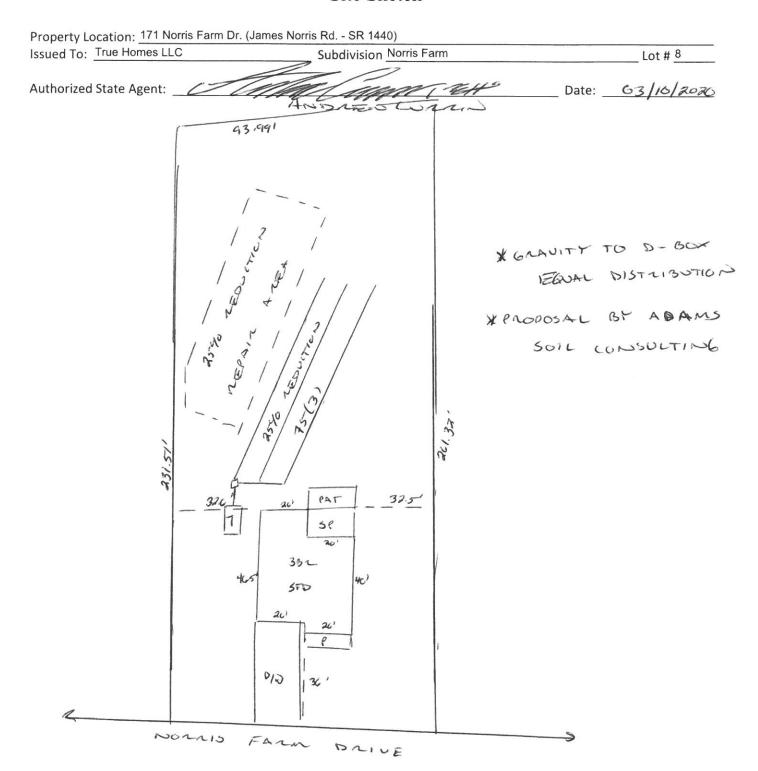
Harnett County Department of Public Health

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: True Homes LLC	PROPERTY LOCATION: 171 Norri	IS Farm Dr. (James Norris Rd. SR
NEW REPAIR EXPANSION		
Type of Structure: 40x48 sfd, 3 bedrooms	one improvements re	equired prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% Reduction Sys.		
Projected Daily Flow: 360 GPD		
Number of bedrooms: 3 Number of Occupants: 6	max	
Basement Nes No		
	nal location and elevations of facilities	
Type of Water Supply: Community Public Well D	istance from well NA feet	Permit valid for:
	265. 63/11	,
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issuance of site is subject to revocation if the site plan, plat, or the intended use changes. The Improve the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	other permits. The permit holder is responsible for ch	ecking with appropriate governing bodies in meeting their requirements. This
Con	struction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, . with the attached system layout.		into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: True Homes LLC	PROPERTY LOCATION: 171 I	Norris Farm Dr. (James Norris Rd. 5
	SUBDIVISION Norris Fari	
Facility Type: 40x48 sfd, 3 bedrooms 🔀 Ne		II Loi # Q
Basement? Yes No Basement Fixtures? Yes	™ L Expansion L Repair	
Type of Wastewater System** 25% Reduction System		(I=id-I) W
	111	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)		
25% Reduction Syst		
Installation Requirements/Conditions Number of tr		-
	of each trench 75 feet	Trench Spacing: 9 Feet on Center
	be installed on contour at a	Soil Cover: 12inches
Maximum Tre	nch Depth of: 24inches	(Maximum soil cover shall not exceed
(Trench botto	ms shall be level to +/-1/4"	36" above the trench bottom)
in all direction	ns)	
Pump Requirements:ft. TDH vsGPM		NA inches below pipe
		Aggregate Depth: NA inches above pipe
Conditions:		NA inches total
		menes total
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM 10 UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A	I ANY PART OF SEPTIC SYSTEM OR F REA.	REPAIR AREA.
*If applicable: 1 understand the system type specified is different fro	m the type specified on the application.	I accept the specifications of this permit.
Owner/Legal Representative Signature:		Date:
which tegal representative signature.		
	use changes. The Construction Authorization shall not b	
his Construction Authorization is subject to revocation if the site plan, plat, or the intended		be transferred when there is a change in ownership of the site. This
his Construction Authorization is subject to revocation if the site plan, plat, or the intended		be transferred when there is a change in ownership of the site. This
his Construction Authorization is subject to revocation if the site plan, plat, or the intended onstruction Authorization is subject to compliance with the provisions of the Laws and Rules		be transferred when there is a change in ownership of the site. This ons of this permit. SEE ATTACHED SITE SKETCH

Harnett County Department of Public Health Site Sketch



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