## Harnett County Department of Public Health Improvement Permit A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATION: 21 1705 AB Fair from Ro
ISSUED TO: JRT MANAGENS Properties UL	SUBDIVISIONLOT #
NEW REPAIR EXPANSION	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFD	
Proposed Wastewater System Type: 25% Red	-
Projected Daily Flow: 360 GPD  Number of bedrooms: 3 Number of Occupants: 6	may.
	max
Basement Yes No Pump Required: Yes No May be required based on final to	ocation and alayations of facilities
Type of Water Supply: Community Public Well Distan	
Permit conditions:	□ No expiration
Tellin Conditions	
S Mala San	Date: 6-8-20 SEE ATTACHED SITE SKETCH
Authorized State Agent:  The issuance of this permit by the Health Department in no way ourrantees the issuance of other	r permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
	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 of this permit.	
<u>Constr</u>	uction Authorization
(Rec	uired for Building Permit)
	.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: TRI MANAGENIA Propurses LLC	PROPERTY LOCATION: SK 1705 OID Four power Pub  SUBDIVISION LOT # LOT #  Expansion Repair
( )	SUBDIVISION LOT #
Facility Type: SFD T New	□ Expansion □ Repair
Basement? Yes No Basement Fixtures? Yes	2 No
Type of Wastewater System** 25% Reduction C.	
(See note below, if applicable )	(Illitary Wasternater Flow.
2500 Reduction (	Acade (Rossie)
	each trench 30feet Trench Spacing: Feet on Center
	- 48
Maximum Trench	
1	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	6
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth:inches above pipe
Conditions:	inches total
WATER LINES (INCLUDING IRRIGATION) MILET DE 10ET EROM A	NV DADT OF CERTIC CVCTCM OD DEDAID ADEA
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA	4.
**If applicable: I understand the system type specified is different from	the type specified on the application. I accept the specifications of this permit.
	00000 N
Owner/Legal Representative Signature:	Date:
	changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	
A1	Ew Zane
Authorized State Agent James & Marchan &	Date: 6-8-20
Const	ruction Authorization Expiration Date: 6-9-25

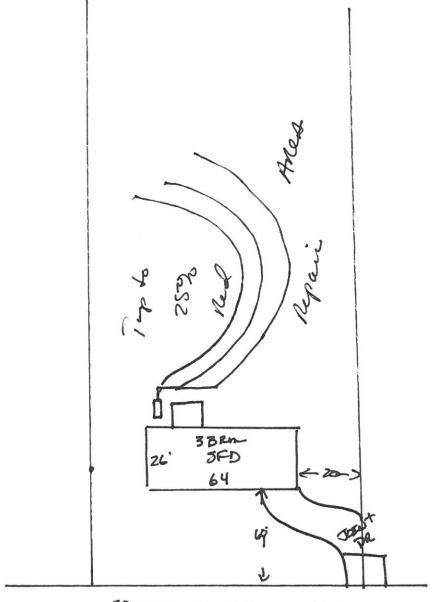
## Harnett County Department of Public Health Site Sketch

Property Location: TRT Managers Properties UC - SA 1705 ON Foing nound RIS

Issued To: TRT Managers Property USubdivision \_\_\_\_\_\_ Lot # 1

Authorized State Agent: Manhan F 2843

Date: 6-8-20



SR 1765 OID Faingnound RD

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