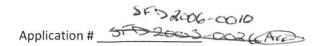
App# SED2003 COR

Harnett County Department of Public Health

Improvement Permit

A building permit	cannot be issued with only an Improvem	nent Permit	821440
ISSUED TO: True Homes LLC	PROPERTY LOCATION: 111 50		Javes Norris Rd.)
NEW REPAIR EXPANSION		n's Farm	LOT # 5
Type of Structure: 3 - Bed too M 40 x 40	site improvements	required prior to Construction Auth	horization Issuance:
Proposed Wastewater System Type: 25% ned xxion 5			
Projected Daily Flow: 360 GPD			
Number of bedrooms:3 Number of Occupants:6	max		
Basement Yes No			
Pump Required: Res No May be required based on fin	al location and elevations of facilities		-
Type of Water Supply: Community Public Well Di Permit conditions:	tance from wellfeet	Permit valid for:	No expiration
	26	1161	
Authorized State Agent::	- Kultaria: 100	18/2020	TTACHED CITE CHETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of	other permits. The permit holder is responsible for	checking with appropriate governing hodies	TTACHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The Improven the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	ent Permit shall not be affected by a change in o	ownership of the site. This permit is subject	to compliance with the provisions of
Cons	truction Authorization		
	Required for Building Permit)		
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1 with the attached system layout.	57, 1958, and 1959 are incorporated by referen	ces into this permit and shall be met. Syste	ms shall be installed in accordance
(See note below, if applicable (1) Compared to the content of t	SUBDIVISION NO Expansion		LOT # 5
Maximum Tren (Trench bottom in all direction	ns shall be level to +/-1/4"	36" above the trench bo	ttom)
Pump Requirements:ft. TDH vsGPM			inches below pipe
Conditions: Pump to D-Box Found	Distribution	Aggregate Depth:	inches above pipe inches total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AR		REPAIR AREA.	
**If applicable: 1 understand the system type specified is different from	the type specified on the application	on. I accept the specifications of	this permit.
Owner/Legal Representative Signature:		Date:	
this Construction Authorization is subject to revocation if the site plan, plat, or the intended u	e changes. The Construction Authorization shall no		ownership of the site. This
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules I	r Sewage Treatment and Disposal and to the conc		ATTACHED SITE SKETCH
Authorized State Agent: Connu Con	Date:	AUS 3/23/2020 Date: FIL 3 3/23/2020	



Harnett County Department of Public Health Site Sketch

Property Location: In Morris Four Dr. (James Morris	12-521440)
Issued To: True Homes We Subdivision Norms	
	12115 Date: (403/23/2020)
ANDREW CURNIN	CC/18/2020
45.20 5-3.13'	i.
	* POND TO D-BOX
	EGUAL DISTRIBUTIO
	* PROPOSAL BY
	ADAMS SOIL
	CONSULTING
-13 2540 AS(3)	1
125000	
13 2540 75(3)	
130	
B POMP TO 2540	
6 Comp To rester	
DONG TO DESAIL	É
i	% O O O O O O O O O O O O O O O O O O O
	ă
32.9 PAT 32.9	
302 575	
15 40' x+c'(ALD)	
50'	
P	
This drawing is for illustrative purposes only. System installation must meet a	ll pertinent laws, rules, and regulations.
912 32	