## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: 975 TOLLINGS MILL 15. (SL 1401)	
ISSUED TO: TRIANCIE HOME PROS SUBDIVISION LOT#	
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:	
Type of Structure: 3-00000 70×31' Six	
Proposed Wastewater System Type: 25% 750000 5.73.	
Projected Daily Flow: 366 GPD	
Number of bedrooms:3Number of Occupants: max	
Basement 🔲 Yes 🖾 No	_
Pump Required: Tes No May be required based on final location and elevations of facilities	
Type of Water Supply: Community Public Well Distance from well feet Permit valid for: Five years	
Permit conditions: No expiration	
Authorized State Agent:: 07/26/2021 SEE ATTACHED SITE SKETCH	
Authorized State Agent:  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 bodies in meeting their requirements. The	iis
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	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
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Construction Authorization	
(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance	e
with the attached system layout.	
ISSUED TO: TUANGLE HOME PROS. PROPERTY LOCATION: 975 race us mul 105. (51 1401	\
ISSUED TO: TURNETE HOME PROS. PROPERTY LOCATION: 975 rau S ML 105. (51/1401) SUBDIVISION	)
Facility Type: 3-61 76×41' 5,=>	
Basement? Yes No Basement Fixtures? Yes No System (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable )	
1,-	
Pump Tank Sizegallons	
(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
in all directions)	
Pump Requirements:ft. TDH vsGPMinches below pi	
Aggregate Depth: inches above p	
Conditions: GLAVITY TO D-BOX TEAUNE DISTUBUTED NA inches to	tal
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.	
applicable. I understand the system type specimed is different from the type specimed on the application. I accept the specimeanous of this perime.	
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 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.  SEE ATTACHED SITE SKETCH	1
Authorized State Agent: 07/28/262)	
Authorized state Agent.	
ANDATA CUTALN Construction Authorization Expiration Date: 07/28/2026	

## Harnett County Department of Public Health Site Sketch

