## Harnett County Department of Public Health

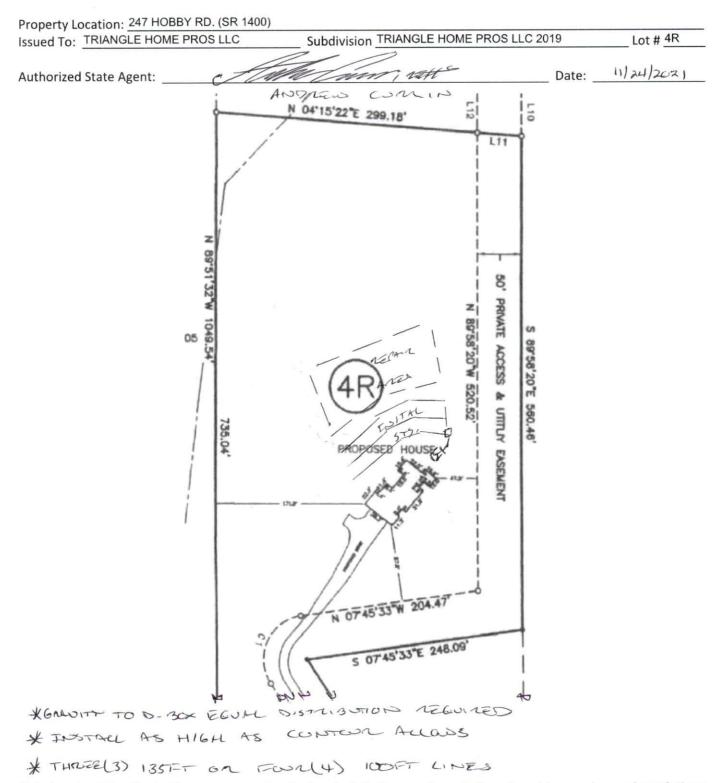
## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 247 HOBBY RD. (SR 1400)

ISSUED TO: TRIANGLE HOME PROS	S LLC SUBDIVISION TRIANGLE HO		19 LOT # 4R
NEW X REPAIR A EXPANSI	on L site improvements rec	uired prior to Construction Authori	tation issuance:
Type of Structure: 4-BED. 74'x40' SFD	CTIONICYC		
Proposed Wastewater System Type: 25% REDU	CHONSYS		
Projected Daily Flow: 480 GPD	0		
Number of bedrooms: 4 Number of Occu	pants: 8max		
Basement Yes X No			
	ired based on final location and elevations of facilities		
Type of Water Supply: Community 🗵 Public	Well Distance from well NA feet	Permit valid for:	▼ Five years
Permit conditions:			■ No expiration
	,		
Authorized State Agent::	Date: 11/24	2021 SEE ATTA	ICHED SITE SKETCH
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The permit holder is responsible for che	cking with appropriate governing bodies in	meeting their requirements. This
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 own	ership of the site. This permit is subject to	compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ins of this permit.		
	Construction Authorization		
	(Required for Building Permit)		
	1954, .1955, .1956, .1957, .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: TRIANGLE HOME PRO	SIIC PROPERTY LOCATION: 247 F	HOBBY RD. (SR 14)	20)
1330ED TO. TITAL ATOLE I TOWNE I TO		HOME PROS LLC	
4 DED 741 401 0ED		TIONE PROSEE	20 101 # 411
Facility Type: 4-BED. 74'x40' SFD	New		
Basement? Yes No Basement Fi	ktures? Yes Mo		
Type of Wastewater System** 25%	REDUCTION STOTIEM	(Initial) Wastewater Flow:	480 GPD
(See note below, if applicable )			
	OSCTION STETTEN (Repair)		
Installation Requirements/Conditions	Number of trenches3	5	
Septic Tank Size 1250 gallons	Exact length of each trenchfeet	Trench Spacing:	
Pump Tank Sizegallons	Trenches shall be installed on contour at a	Soil Cover: 12	nches
	Maximum Trench Depth of: 24inches	(Maximum soil cover shall r	ot exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bott	om)
	A THE STANDARD DATE OF THE STANDARD STA		)
	in all directions)	4.10	Section Library 2015
Pump Requirements:ft. TDH vs	GPM	NA	
		Aggregate Depth:	inches above pipe
Conditions: GALVITY TO D-BC	X IZOUAL DISTRIBUTION		inches total
WATER LINES (INCLUDING IRRICATION) MILET	DE 10ET EDOM ANY DADT OF CERTIC CYCTEM OR	DEDAID ADEA	
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	KEPAIK AKEA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD AREA.		
		I account the specifications of	this parmit
**If I I I waterstand the system time annie	d is different from the time energied on the application		ms perimit.
**If applicable: 1 understand the system type specifie	d is different from the type specified on the application	. racipi in specimeanons or	/
	d is different from the type specified on the application		,
Owner/Legal Representative Signature:		Date:	
Owner/Legal Representative Signature:	d is different from the type specified on the application plat, or the intended use changes. The Construction Authorization shall not	Date:	wnership of the site. This
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan		Date:	
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan	plat, or the intended use changes. The Construction Authorization shall not of the Laws and Rules for Sewage Treatment and Disposal and to the condition	Date:  be transferred when there is a change in o ions of this permit.  SEE	wnership of the site. This
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan Construction Authorization is subject to compliance with the provisions	plat, or the intended use changes. The Construction Authorization shall not of the Laws and Rules for Sewage Treatment and Disposal and to the condition	Date:  be transferred when there is a change in o ions of this permit.  SEE	wnership of the site. This
Owner/Legal Representative Signature:  This Construction Authorization is subject to revocation if the site plan	plat, or the intended use changes. The Construction Authorization shall not	Date:  be transferred when there is a change in o ions of this permit.  SEE	wnership of the site. This

## 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.