Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 561 Cotton Road (SR 1426) ISSUED TO: Nikki Dawson SUBDIVISION Travis Dawson REPAIR | EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 65x81(4bed/4ba) SFD Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 480 Number of Occupants: 8 Number of bedrooms: 4 Basement Yes ☐ No May be required based on final location and elevations of facilities Pump Required: Yes Type of Water Supply: Community Public Well Distance from well NA feet Five years Permit valid for: No expiration Permit conditions: Date: 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. 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 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. 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 with the attached system layout. ISSUED TO: Nikki Dawson PROPERTY LOCATION: 561 Cotton Road (SR 1426) LOT # 2BR SUBDIVISION Travis Dawson Facility Type: 65x81(4bed/4ba) Expansion ➤ New Basement? Yes No Basement Fixtures? Yes (Initial) Wastewater Flow: 480 25% LEDETION SYSTEM Type of Wastewater System** (See note below, if applicable) 25% NEDETION SIS. Number of trenches Installation Requirements/Conditions Trench Spacing: ____ 9_ Feet on Center Septic Tank Size / Coo gallons Exact length of each trench ____ Pump Tank Size _____gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 20 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) ft. TDH vs. _ inches below pipe Pump Requirements: Aggregate Depth: NA inches above pipe Conditions: GAADITY TO D-BOX EBUKE DISTUBUTION 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. 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 be transferred when there is a change in ownership of the site. This SEE ATTACHED SITE SKETCH 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.

Construction Authorization Expiration Date: 10/20/2026

Authorized State Agent: ___

ANDREW WASLIN

Harnett County Department of Public Health Site Sketch

