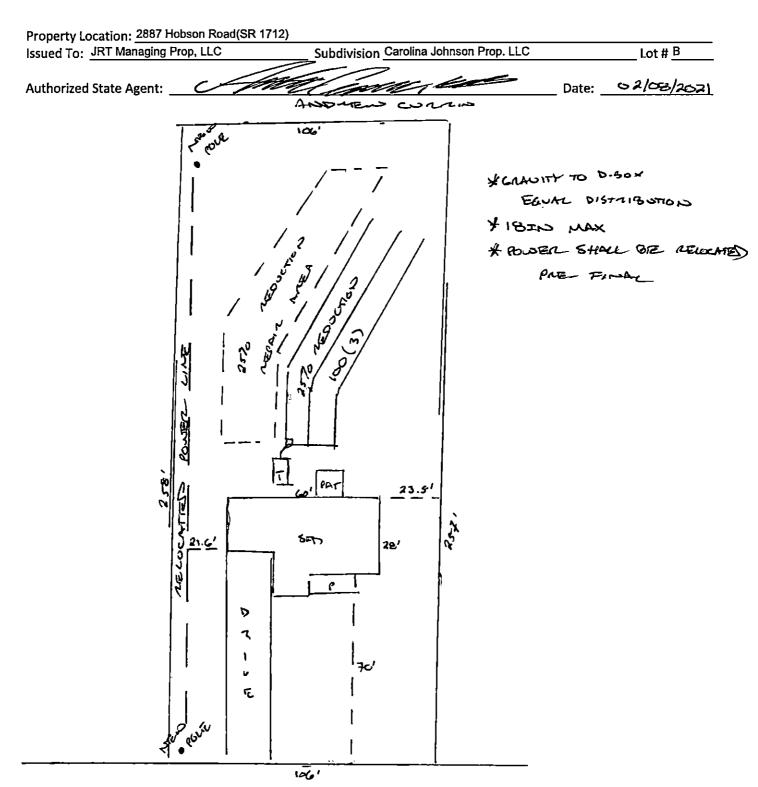
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 2887 Hobson Road(SR 1712) ISSUED TO: JRT Managing Prop, LLC _ SUBDIVISION Carolina Johnson Prop. LLC NEW 🔀 REPAIR 🗌 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 3-Bedroom 28'x60' SFD Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 360 ____ GPD Number of bedrooms: 3_ Number of Occupants: 6 ⊠ No Basement Yes May be required based on final location and elevations of facilities ⊠ N₀ Pump Required: Yes Type of Water Supply: Community Dublic Well Distance from well NA Permit valid for: ★ Five years No expiration Permit conditions: _ 02/08/2021 Authorized State Agent:: Date: 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 of 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, . 1955, . 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: JRT Managing Prop. LLC PROPERTY LOCATION: 2887 Hobson Road(SR 1712) SUBDIVISION Carolina Johnson Prop. LLC LOT # B Facility Type: 3-Bedroom 28'x60' SFD_ Expansion Basement Fixtures? Yes Basement? Yes 25% NEOWENDS STOTES _____ (Initial) Wastewater Flow: __3&>___ GPD Type of Wastewater System** (See note below, if applicable) Number of trenches ____3 Installation Requirements/Conditions_ Trench Spacing: 7 Feet on Center Exact length of each trench _______ Septic Tank Size 1000 gallons Pump Tank Size _____gallons Trenches shall be installed on contour at a (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. _ _ inches below pipe Aggregate Depth: _______ inches above pipe TO D-BOX FRUIL _____inches total 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. Date: 02/08/2021 Authorized State Agent:

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.