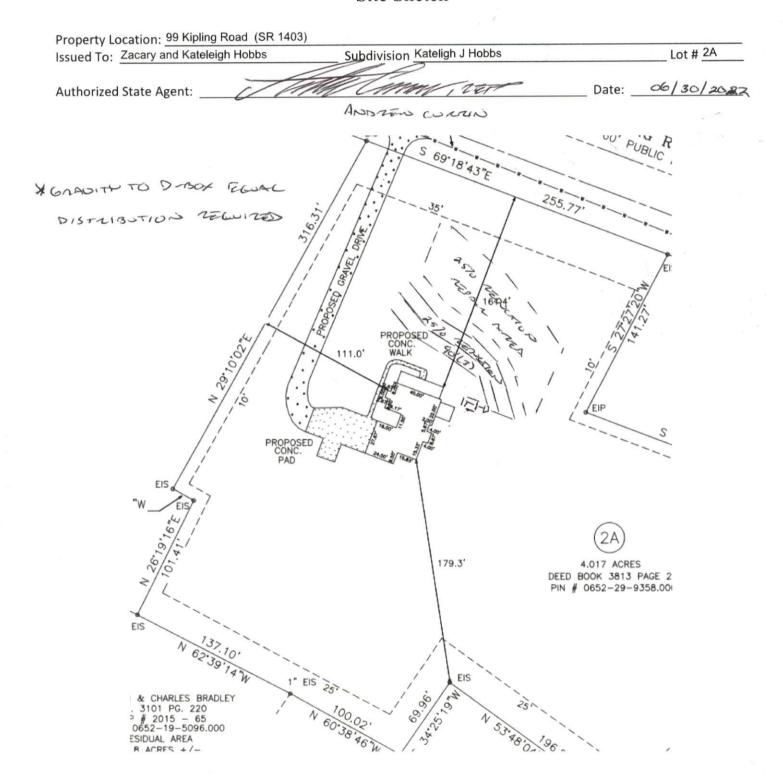
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 99 Kipling Road (SR 1403) ISSUED TO: Zacary and Kateleigh Hobbs SUBDIVISION Kateligh J Hobbs REPAIR Site Improvements required prior to Construction Authorization Issuance: EXPANSION Type of Structure: 54x71(3bed/3.5) sfd Proposed Wastewater System Type: 25% Reduction System Projected Daily Flow: 360 Number of bedrooms: 3 Number of Occupants: 6 X No Basement Yes May be required based on final location and elevations of facilities ☐ No Pump Required: Yes Type of Water Supply: Community Public Well Distance from well NA feet Permit valid for: X Five years ■ No expiration Permit conditions: 06/30/2022 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: Zacary and Kateleigh Hobbs PROPERTY LOCATION: 99 Kipling Road (SR 1403) SUBDIVISION Kateligh J Hobbs Facility Type: 54x71(3bed/3.5) sfd Expansion Basement Fixtures? Yes Basement? Yes X No Type of Wastewater System** 25% VEDETICA STOTEM (Initial) Wastewater Flow: 360 (See note below, if applicable) 25% 1200CTICN STSTEN Number of trenches 3 Installation Requirements/Conditions Feet on Center Exact length of each trench _____ 90 Trench Spacing: Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: Pump Tank Size _____ gallons (Maximum soil cover shall not exceed Maximum Trench Depth of: 26 (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ___ inches below pipe ~ inches above pipe Aggregate Depth: inches total Conditions: GLAVITY TO D-BOX ECUPE DISTURSUTION 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: 1 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. Authorized State Agent: Construction Authorization Expiration Date: 06/30/2027 ANDREW COREN

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.