Harnett COUNTY NORTH CAROLINA

HARNETT COUNTY ENVIROMENTAL HEALTH

File/Permit #: SFD2305-0010

CDP #: _____

IMPROVEMENT PERMIT (IP)

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Owner: DANNY + ASHLYNN WILLIAMS Applicant: _____

Property Location: 1171 OLD COATS RD PIN/Lot Identifier: _____

Subdivision: _____ Lot #: _____ Block: _____ Section: _____

Facility Type: SFD Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR (Initial): .25 gpd/ft² LTAR (Repair): .25 gpd/ft²

Wastewater System Type: 25% REDUCTION System (Initial)

Pump Required: ☑ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Initial): 30-32

Wastewater System Type: 50% REDUCTION (Repair)

Pump Required: ☑ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Repair): 28"-30"

Effluent Standard: ☑ DSE ☐ HSE ☐ Other:_____ Type of Water Supply: ☐ Private well ☑ Municipal Supply ☐ Other:_____

Permit conditions:

The issuance of this permit 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 permit 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 15A NCAC 18E and to the conditions of this permit.

Authorized Agent's Printed Name: JAMES E MANHART III REHS Date: 9-15-25

Authorized Agent's Signature: James E Manhart III REHS Expiration Date: 9-15-30

CONSTRUCTION AUTHORIZATION (CA)

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Owner: DANNY + ASHLYNN WILLIAMS Applicant: _____

Property Location: 1171 OLD COATS RD PIN/Lot Identifier: _____

Subdivision: _____ Lot #: _____ Block: _____ Section: _____

Facility Type: SFD Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR: .25 gpd/ft²

Effluent Standard: ☑ DSE ☐ HSE ☐ Other:_____ Type of Water Supply: ☐ Private well ☑ Municipal Supply ☐ Other:_____

Installation Requirements/Conditions

Wastewater System Type: 25% REDUCTION Pump Required: ☑ Yes ☐ No ☐ May be required

Septic Tank Size: 1000 gallons Total Trench Length: _____ feet Trench Spacing: 9 feet on center

Pump Tank Size: 1000 gallons Maximum Trench Depth: 18-20 min inches Soil Cover: 6 inches

Trench Width: 36 inches Distribution Method: ☐ Serial ☑ D-Box or Parallel ☐ Pressure Manifold ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements: _____

Permit conditions: Contractor to meet ONSITE Prior to INSTALL

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: JAMES E MANHART III REHS Date: 9-15-25

Authorized Agent's Signature: James E Manhart III REHS Expiration Date: 9-15-30

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN _____ Permit Number SFD 2305-0010

Danny + Ashlynn WILLIAMS
Applicant's Name

_____
Subdivision/Section/Lot Number

James E Mashburn Jr REHS
Authorized State Agent

9-15-25
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = NTS