



HARNETT COUNTY ENVIROMENTAL HEALTH

File/Permit #: 13052411-0041

CDP #: _____

IMPROVEMENT PERMIT (IP)

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of UseOwner: Kim R Fowler Applicant: _____Property Location: 450 River Bluff Dr N Dunn NC 28334 PIN/Lot Identifier: _____Subdivision: Richard B Carr Lot #: B Block: _____ Section: _____Facility Type: SPA + Garage Number of bedrooms: 4 Number of Occupants: 8 Other: _____Design Daily Flow: 480 GPD LTAR (Initial): .25 gpd/ft² LTAR (Repair): .25 gpd/ft²Wastewater System Type: 50% REDUCTION (Initial)Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Initial): _____Wastewater System Type: 50% REDUCTION (Repair)Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Repair): _____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 MARSHALL JR Date: 10-8-25Authorized Agent's Signature: James E Marshall Jr Expiration Date: 10-8-30

CONSTRUCTION AUTHORIZATION (CA)

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of UseOwner: Kim R Fowler Applicant: _____Property Location: 450 River Bluff Dr N Dunn NC 28334 PIN/Lot Identifier: _____Subdivision: Richard B Carr Lot #: B Block: _____ Section: _____Facility Type: SPA + Deign Number of bedrooms: 4 Number of Occupants: 8 Other: _____Design Daily Flow: 480 GPD LTAR: .25 gpd/ft²Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☒ Private well ☐ Municipal Supply ☐ Other: _____

Installation Requirements/Conditions

Wastewater System Type: 50% Red Pump Required: ☐ Yes ☐ No ☐ May be requiredSeptic Tank Size: 1000 gallons Total Trench Length: 270 feet Trench Spacing: 9 feet on centerPump Tank Size: 1000 gallons Maximum Trench Depth: 18 inches Soil Cover: 6 inchesTrench Width: 3 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: _____

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 MARSHALL JR Date: 10-8-25Authorized Agent's Signature: James E Marshall Jr Expiration Date: 10-8-30

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Applicant Name: Kim R Fowler
 Subdivision: Roundstone
 Lot #: B

