

# IMPROVEMENT PERMIT



Robeson County Health Department  
460 Country Club Road  
Lumberton, NC 28360  
Phone: 910-671-3200 FAX: 910-671-3484

## For Office Use Only

CDP File Number: 448166 - 1  
County ID Number: 0608-01-00101A p/t  
Evaluated For: NEW

PERMIT VALID UNTIL: 02/24/2030

\*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit.

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: NC  
Phone #: \_\_\_\_\_

Property Owner: William Tyler Davis  
Address: 1063 Sand Rock Rd  
City: Fairmont  
State/Zip: NC 28340  
Phone #: (910) 618-6268

Address: NC Hwy 904  
Fairmont, NC 28340  
Road #: \_\_\_\_\_  
Township: \_\_\_\_\_  
Structure: SINGLE FAMILY  
# of Bedrooms: 3 # of People: 6  
Water Supply: PUBLIC

### Property Location & Site Information

Subdivision: \_\_\_\_\_ Block/Phase: \_\_\_\_\_ Lot: \_\_\_\_\_  
Directions  
Hwy 904 Fairmont

### Initial System

Usable Soil Depth: 42  
Saprolite System?: No  
Design Flow: 360  
Soil Group: III  
Soil Application Rate: 0.55  
System Classification/Description:

### System Specifications

Minimum Trench Depth: 18 Inches  
Maximum Trench Depth: 24 Inches  
Fill Depth: \_\_\_\_\_ Inches  
Septic Tank: 1000 Gallons  
Pump Required: May be required  
Pump Tank: \_\_\_\_\_ Gallons  
Proposed System: 25% REDUCTION

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Repair System Required: Yes

### Repair System

Usable Soil Depth: 42  
Soil Application Rate: 0.55  
System Classification/Description:

Minimum Trench Depth: 18 Inches  
Maximum Trench Depth: 42 Inches  
Fill Depth: \_\_\_\_\_ Inches  
Pump Required: May be required  
Pump Tank: \_\_\_\_\_ Gallons

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Proposed System: 25% REDUCTION

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

### Site Modifications

### Permit Conditions

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.

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335 (f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (per rule .0301(a)).

Authorized State Agent: 2866 - Jacobs, Camry

Date of Issue: 02/24/2025

Authorized State Agent Signature: \_\_\_\_\_

Owner/Applicant Signature: \_\_\_\_\_