



Harnett
COUNTY
NORTH CAROLINA

HARNEET COUNTY ENVIRONMENTAL HEALTH

File/Permit #: BRES2305-0014

CDP #: _____

IMPROVEMENT PERMIT (IP)

New Expansion Repair System Relocation Change of Use
Owner: Robert Almand Applicant: Kenneth Woodside
Property Location: 341 Pine Oak (SR 2612) PIN/Lot Identifier: 9563-98-1574
Subdivision: Sweetbriar Estates Lot #: 97 Block: _____ Section: _____
Facility Type: 28'x58' DWMH Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Design Daily Flow: 360 GPD LTAR (Initial): .6 gpd/ft² LTAR (Repair): .6 gpd/ft²
Wastewater System Type: 25% reduction (Initial)
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Initial): 48
Wastewater System Type: 25% reduction (Repair)
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Repair): 48
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: Mark Osborne REHS

Date: 11/18/2025

Authorized Agent's Signature:

Expiration Date: 11/18/2030

CONSTRUCTION AUTHORIZATION (CA)

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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: 150 feet Trench Spacing: 9 feet on center
Pump Tank Size: 1000 gallons Maximum Trench Depth: 26 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:

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: Mark Osborne REHS

Date: 11/18/25

Authorized Agent's Signature:

Expiration Date: 11/18/2030

Owner/Legal Representative Signature: _____ Date: _____

*See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 9563-98-1574

Permit Number BRES2305-0014

Kenneth Woodside

Sweetbriar Estates 97

Applicant's Name

Subdivision/Section/Lot Number

Mark Osborne REHS

11/18/2025

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

