

Owner/Legal Representative Signature: ____

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CARC	A II.	File/Permit #: BRES2504-0071
	IMPROVEME	NT PERMIT (IP) CDP #:
■ New	Expansion Repair	System Relocation Change of Use
Owner: Paige Donovan		Applicant: Paige Donovan
Property Location: 1096 Fire Lane	Rd (SR 2038)	PIN/Lot Identifier: 0547-53-3123
Subdivision:		Lot #: Block: Section:
Facility Type: 16'x44' SWMH	Number of bedrooms: 1	Number of Occupants: 2 Other:
Design Daily Flow: 120 GF	PD LTAR (Initial):3	gpd/ft ² LTAR (Repair):3 gpd/ft ²
Wastewater System Type: 25% red	uction	(Initial)
		ble Depth to Limiting Condition (Initial): 36
Wastewater System Type 25% redu		
Pump Required: Yes No	May be required Usa	ble Depth to Limiting Condition (Repair): 36
Effluent Standard: 🔳 DSE 🔲 HS	E Other: Type of V	Vater Supply: Private well Municipal Supply Other:
Permit conditions:		
		holder is responsible for checking with appropriate governing bodies in meeting their changes. The Improvement Permit shall not be affected by a change in ownership of the
This permit is subject to compliance with the p	rovisions of 15A NCAC 18E and to the conditi	ions of this permit.
Authorized Agent's Printed Name: N	lark Osborne REHS	Date: 05/27/2025
Authorized Agent's Signature:		Expiration Date: 05/27/2030
	CONCEDUCTION A	LITHODIZATION (CA)
	_	UTHORIZATION (CA)
Owner: Paige Donovan	Expansion Repair	System Relocation Change of Use Applicant: Paige Donovan
Property Location: 1096 Fire Lane	Rd (SR 2038)	PIN/Lot Identifier: 0547-53-3123
11/25 (AD *C U.S.) CHO * C CENSO SHI CHERO SHI CO A U		2. SASTA DESCRIPTION OF THE SASTA SA
Subdivision:16'v44' SWMH	1	Lot #: Block: Section: Number of Occupants: 2 Other:
Design Daily Flow: 120 GF		
		Vater Supply: Private well Municipal Supply Other:
Installation Requirements/Condition Wastewater System Type: 25% red		Duran Described Vee No Men he require
		Pump Required: ☐ Yes ☐ No ■ May be required feet Trench Spacing: 9 feet on center
Septic Tank Size: 1000 gallons		inches Soil Cover: 6 inches
Trench Width: 36 inches		D-Box or Parallel Pressure Manifold Other:
Artificial Drainage Required: Yes		ils:
NE A 1		ments:
Management Entity Required.	3 No William Odw Require	ments.
Permit conditions:		
The requirements of 15A NCAC 18E are incorpor	prated 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 revoca	tion if the site plan, plat, or the intended use	<u>changes.</u> The Construction Authorization shall not be affected by a change in ownership A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.
		Date: 05/27/25
Authorized Agent's Printed Name: Nauthorized Agent's Signature:	The annexs	Expiration Date: 05/27/2030

*See attached site sketch

Date: ___

Harnett County Environmental Health

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_{PIN} 0547-53-3123

Permit Number BRES2504-0071

Paige Donovan

Authorized State Agent

Applicant's Name Mark Osborne REHS Subdivision/Section/Lot Number 05/27/2025

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.

