

Owner/Legal Representative Signature: _

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAR	ROLIN		File	e/Permit #: Bres2505-0022
	IMI	PROVEME	NT PERMIT (IP)	P #:
New Owner: Michael Beck	Expansion	Repair	System Relocation Applicant: Austin Vega	Change of Use
Property Location: 1235 Darroch Rd (SR 1128)			PIN/Lot Identifier: 0526-86-5416	
			Part 18 1907	ck: Section:
				Other:
Design Daily Flow: 600				
Wastewater System Type:				
Pump Required: Yes No	May be required	Usa	able Depth to Limiting Condition (In	nitial):
Wastewater System Type			(Repair)	
Pump Required: Yes No	May be required	Usa	able Depth to Limiting Condition (R	lepair):
Effluent Standard: DSE H	HSE Other:	Type of \	Water Supply: Private well	Municipal Supply Other:
Permit conditions:				
110 FEROMERIE WINESCHMING CENTRAL	ight side of the prop	erty and house	box area, From the road to appr	roximately 130 foot back into the lot
•				·
The issuance of this permit in no way guarant				
This permit is subject to compliance with the	provisions of 15A NCAC 18	BE and to the condit	ions of this permit.	t be affected by a change in ownership of the site.
Authorized Agent's Printed Name: Authorized Agent's Signature:	Mark Osborne RE	HS		Date: 05/22/2025
Authorized Agent's Signature:	Mol a	REHI		Expiration Date: 05/22/2030
	CONSTR	UCTION A	UTHORIZATION (CA)	
☐ New	Expansion	Repair	System Relocation	☐ Change of Use
Owner:			Applicant:	
Property Location:			PIN/Lot Identifier:	
Subdivision:			Lot #: Bloc	ck: Section:
Facility Type:	Number of be	edrooms:	Number of Occupants:	Other:
Design Daily Flow:	SPD LTAR: _	gpd,	/ft²	
Effluent Standard: DSE F	dSE Other:	Type of \	Water Supply: Private well	Municipal Supply Other:
Installation Requirements/Condition	ons			
Wastewater System Type:			Pump Required:	Yes No May be required
Septic Tank Size: gallon	ns Total Trench Le	ength:	feet Trench Spacing: _	feet on center
Pump Tank Size: gallon	s Maximum Tren	nch Depth:	inches Soil Cover:	inches
Trench Width: inches	Distribution Me	ethod: 🗌 Seria	D-Box or Parallel Pre	essure Manifold Other:
Artificial Drainage Required: Yes	No If yes, plea	ase specify deta	ils:	
Management Entity Required: Y	es No Minimur	m O&M Require	ements:	
Permit conditions:				
The requirements of 15A NCAC 18E are incorp	porated by reference into t	this permit and shall	l be met. Systems shall be installed in accor	rdance with the attached site sketch. This
	cation if the site plan, plat,	or the intended use	changes. The Construction Authorization s	shall not be affected by a change in ownership of
Authorized Agent's Printed Name:	3 4			Date:
Authorized Agent's Signature:				Expiration Date:
				50.00 TO 10 10 10 10 10 10 10 10 10 10 10 10 10

*See attached site sketch

Date: __