

Authorized Agent's Signature:

Owner/Legal Representative Signature:

## HARNETT COUNTY ENVIROMENTAL HEALTH

Expiration Date: 08/20/2030

	IMI	PROVEME	NT PERMIT (IP)	CDP #:				
☐ New	Expansion	Repair	System Relocation					
Owner: Jose Mendoza	Expansion	Перап	Lear Mandana					
Property Location: 1182 Rosser Pitt	man Rd (SR 12		PIN/Lot Identifier: 9680-68-2864					
Subdivision:								
Facility Type: dwmh 28'x56'	Number of be	edrooms: 4	Number of Occupants: 8	Block: Section:				
Design Daily Flow: 480 GPD								
Wastewater System Type: add 25% r								
Pump Required: Yes No No				on (Initial):				
Wastewater System Type			(Repair)					
Pump Required: Yes No No	lay be required	Usa	ble Depth to Limiting Condition	on (Repair):				
Effluent Standard: 🔳 DSE 🔲 HSE	Other:	Type of W	Vater Supply: Private well	■ Municipal Supply Other:				
Permit conditions:								
This permit is subject to compliance with the pro-	if the site plan, plat, ovisions of 15A NCAC 18	or the intended use of E and to the condition	hanges. The Improvement Permit sh	all not be affected by a change in ownership of the site.				
Authorized Agent's Printed Name: Ma	rk Osborne REI	HS		Date: 08/27/2025				
Authorized Agent's Signature:	il-al-	-REH		Expiration Date: 08/27/2030				
	CONSTR	LICTION A	ITHORIZATION (CA	11				
			UTHORIZATION (CA					
Owner: Jose Mendoza	Expansion	Repair	System Relocation					
Property Location: 1182 Rosser Pitt	man Rd (SR 13	215)	Applicant: Jose Meno	680-68-2864				
	marria (or 12							
Subdivision: dwmh 28'x56'		. 4	Lot #:	Block: Section:   Other:				
				Other:				
Design Daily Flow: 480 GPD	-							
		Type of w	vater Supply: Private well	Municipal Supply Other:				
Installation Requirements/Conditions Wastewater System Type: add 25% r								
		75		red: Yes No May be required				
Septic Tank Size: 1000 Existing gallons  Pump Tank Size: gallons	Maximum T	ob Dooth, 25	inches Sell Course 6	inches				
Trench Width: 36 inches	Maximum Iren	ch Depth: 20	inches Soil Cover:	inches				
Artificial Drainage Required: Yes								
Management Entity Required: Yes	□ NO IVIINIMUR	ii Oalvi Kequire	ments:					
Permit conditions: Make Sura	TO MEL	T \$11 1	equired letber	les				
The requirements of 15A NCAC 18E are incorpora								
				tion shall not be affected by a change in ownership of as applicable, and to the conditions of this permit.				
Authorized Agent's Printed Name. Ma	rk Osborne REI	HS		Date: 08/27/25				

\*See attached site sketch

Date: \_

## SITE SKETCH

DIN	a	6	Q	N	1_6	X;	_2	Q	6	1
DIM	J	U	O	U	<b>-</b> C	U		.O	U	-

Permit Number BRES25074-0073

Jose Mendoza

Applicant's Name Mark Osborne REHS Subdivision/Section/Lot Number 08/27/2025

Date

Authorized State Agent

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.

 $_{Scale} = NTS$ 

