

Owner/Legal Representative Signature: _



HARNETT COUNTY ENVIROMENTAL HEALTH

	IMPROVEME	CDP #:			
□ New	Expansion Repair	System Relocation	_		
			Change of ose		
Owner: Property Location:					
Subdivision:			Block: Section:		
			Other:		
Design Daily Flow: GPD					
Wastewater System Type:			Bpa/10		
Pump Required: Yes No M			on (Initial):		
Wastewater System Type					
Pump Required: Yes No M			on (Repair):		
			Municipal Supply Other:		
Permit conditions:					
The issuance of this permit in no way guarantees t requirements. This permit is subject to revocation			th appropriate governing bodies in meeting their nall not be affected by a change in ownership of the s		
This permit is subject to compliance with the prov	isions of 15A NCAC 18E and to the condi				
Authorized Agent's Printed Name: Mar	k Osborne REHS		Date: 08/01/2025		
Authorized Agent's Signature:			Expiration Date:		
	CONSTRUCTION A	AUTHORIZATION (CA	1)		
□ New	Expansion Repair	System Relocation			
Owner: Jenan Brett	Expansion Repair	Applicant: Jenan Bre			
Property Location: 2848 Barbecue C	Church Rd (SR1209)		578-65-3473		
		State of the second state	Block: Section:		
Subdivision:	Number of hadrooms: 3		Other:		
Design Daily Flow: 360 GPD			Other.		
			■ Municipal Supply □Other:		
Installation Requirements/Conditions	туре от	water supply Frivate well	Wullicipal supply Other.		
Wastewater System Type: Existing		Pump Requi	ired: Yes No May be required		
Septic Tank Size: gallons	Total Trench Length:		ng: feet on center		
Pump Tank Size: gallons		inches Soil Cover:			
Trench Width: inches	to the state of th	al D-Box or Parallel	And Professionals		
	No If yes, please specify deta				
Management Entity Required: Yes					
	william out it requir	cincito.			
Permit conditions:	and the backers are to the state of				
This home was burnt out a	nd is being replaced				
The requirements of 15A NCAC 18E are incorporate	ed by reference into this permit and sha	ıll be met. Systems shall be installed in	accordance with the attached site sketch. This		
	if the site plan, plat, or the intended us	e changes. The Construction Authoriza	ation shall not be affected by a change in ownership		
Authorized Agent's Printed Name: Mar		on the soul of son fiend son (1900)	Date: 08/01/25		
Authorized Agent's Signature:	/ //		Expiration Date: 08/01/2030		
Owner/Legal Representative Signature:	- or pecon	Date:			

*See attached site sketch

Date: ___

Harnett County Environmental Health

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9578-65-3473

Permit Number BRES2507-0045

Jenan Brett

Applicant's Name Mark Osborne REHS Subdivision/Section/Lot Number 08/01/2025

Authorized State Agent

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.

