

Owner/Legal Representative Signature:

## HARNETT COUNTY ENVIROMENTAL HEALTH File/Permit #: BC&S Z 50 & -0005

IMPROVEMENT PERMIT (IP)	CDP #:
New Expansion Repair System Relocation	Change of Use
	y Branson
	576-36-4826
Subdivision: Lot #:	Block: Section:
Facility Type: 25 x 54' Modular Number of bedrooms: 3 Number of Occupants:	Other:
Design Daily Flow: 360 GPD LTAR (Initial): 8 gpd/ft <sup>2</sup> LTAR (Repair)	:gpd/ft²
Wastewater System Type: 25% reduction (Initial)	. "
Pump Required: Yes No May be required Usable Depth to Limiting Condition	on (Initial): 48
Wastewater System Type 25 % reduction (Repair)	ug"
Pump Required: Yes No May be required Usable Depth to Limiting Condition	on (Repair):
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 wit requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> The Improvement Permit sh	
Authorized Agent's Printed Name:	Date: 9-4-25
Authorized Agent's Printed Name: None One Retails  Authorized Agent's Signature: Nel A REMS	Expiration Date: 9-4-30
Authorized Agent's Signature: Mel Me REMS	Expiration Date:
CONSTRUCTION AUTHORIZATION (CA)	
New _ Expansion	Change of Use
Owner: Jeffrey Branson Applicant: Jeffre	y Branson
Property Location: 760 010 NC 87 PIN/Lot Identifier:	4 Branson 9576-36-4826
	Block: Section:
Facility Type: 25 × 54 Medular Number of bedrooms: 3 Number of Occupants: 6 Other:	
Design Daily Flow: 360 GPD LTAR: gpd/ft <sup>2</sup>	
Effluent Standard: DSE  HSE Other: Type of Water Supply: Private well	Municipal Supply Other:
Installation Requirements/Conditions	
	red: Yes No May be required
	ng: 9 feet on center
Pump Tank Size: 1000 gallons Maximum Trench Depth: 26 inches Soil Cover:	
Trench Width: 36 inches Distribution Method: Serial D-Box or Parallel	
Artificial Drainage Required: Yes No V 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 Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization is subject to revocation in the site plan, plat, or the intended use changes.	tion shall not be affected by a change in ownership of
Authorized Agent's Printed Name: MARIE, Ashgere DEH Date: 9-4-25	
Authorized Agent's Signature:	Expiration Date: 5 4-30
Authorized Agent 3 Signature.	Expiration Date: / / JU

\*See attached site sketch

Date: \_\_\_

## **Harnett County Environmental Health**

## SITE SKETCH

PIN 9576-36-4826

Jeffrey Bonson

Applicant's Name

Mark Osbons REHS

Permit Number Bres 2508-0005

Subdivision/Section/Lot Number P-4-25

Subdivision/Section/Lot Number

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

