

Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

File/Permit #: BRES2508-005 1 IMPROVEMENT PERMIT (IP) System Relocation Change of Use Expansion ■ New Repair Owner: Luis Angel Lopez Ramirez Applicant: ____ Property Location: 1105 Rosser Pittman Rd PIN/Lot Identifier: Lot #: _____ Block: ____ Section: ____ Subdivision: Facility Type: SWMH (16'x66') Number of bedrooms: 3 Number of Occupants: 6 Other: Design Daily Flow: 360 GPD LTAR (Initial): .4 gpd/ft² LTAR (Repair): .4 Wastewater System Type: 25% Reduction System (Initial) Pump Required: Yes No May be required Usable Depth to Limiting Condition (Initial): 42"

Wastewater System Type 25% Reduction System (Repair) Usable Depth to Limiting Condition (Repair): 42" Pump Required: Yes No May be required 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 with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit. Authorized Agent's Printed Name: Oliver Tolkscorf REHS Expiration Date: 09/10/2030 Authorized Agent's Signature: CONSTRUCTION AUTHORIZATION (CA) System Relocation ■ New Expansion Repair Change of Use Owner: Luis Angel Lopez Ramirez Applicant: Property Location: 1105 Rosser Pittman Rd PIN/Lot Identifier: Lot #: ______ Block: _____ Section: ____ Subdivision: Facility Type: SWMH (16'x66') Number of bedrooms: 3 Number of Occupants: 6 Other: Design Daily Flow: 360 GPD LTAR: .4 Effluent Standard: DSE HSE Other: Type of Water Supply: Private well Municipal Supply Other: Installation Requirements/Conditions Wastewater System Type: 25% Reduction System Pump Required: Yes No May be required Septic Tank Size: 1000 gallons Total Trench Length: 225 feet Trench Spacing: 9 feet on center Pump Tank Size: ______ gallons Maximum Trench Depth: 20-24 inches Soil Cover: 8-12 inches Trench Width: 36 inches Distribution Method: Serial D-Box or Parallel Pressure Manifold Other: Artificial Drainage Required: Yes No III 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 accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit. Authorized Agent's Printed Name: Oliver Tolksdorf REHS Expiration Date: 09/10/2030 Authorized Agent's Signature:

*See attached site sketch

Date:

Harnett County Environmental Health

SITE SKETCH

PIN	Permit Number BRES2508-0051	
Luis Angel Lopez Ramirez		
Applicant's Name	Subdivision/Section/Lot Number	
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.

Scale = _____

