

Authorized Agent's Signature: Mel
Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

Expiration Date: 11/19/2030

| HORTH CAROLINA | File/Permit #: BRES2511-0010 | | | | |
|---|---|--|--|--|--|
| IMPROVEMENT PERM | 11T (IP) CDP #: | | | | |
| TO SECOND TO SECOND SEC | stem Relocation | | | | |
| | ot Identifier: 9575-45-8740 | | | | |
| | Block: Section: | | | | |
| Facility Type: 28'x76' DWMH Number of bedrooms: 4 Number o | f Occupants: 8 Other | | | | |
| Design Daily Flow: 480 GPD LTAR (Initial): .4 gpd/ft² | LTAR (Renair): .4 gnd/ft² | | | | |
| Wastewater System Type: 50% reduction | | | | | |
| Pump Required: Yes No May be required Usable Depth to Limiting Condition (Initial): 36 | | | | | |
| Wastewater System Type 50% reduction | | | | | |
| Pump Required: Yes No May be required Usable Depth to | Limiting Condition (Repair): <u>36</u> | | | | |
| 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 respon | | | | | |
| requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> The Im This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this perm | it. | | | | |
| Authorized Agent's Printed Name: Mark Osborne REHS | Date: 11/19/2025 | | | | |
| Authorized Agent's Printed Name: Mark Osborne REHS Authorized Agent's Signature: Mark Osborne REHS | Expiration Date: 11/19/2030 | | | | |
| CONSTRUCTION AUTHORIZATION (CA) | | | | | |
| | stem Relocation | | | | |
| 1000 10 | ant: Eric Davis | | | | |
| | ot Identifier: 9575-45-8740 | | | | |
| | | | | | |
| Subdivision: Lot #: Facility Type: 28'x76' DWMH Number of bedrooms: 4 Number of | f Occupants: 8 Other: | | | | |
| Design Daily Flow: 480 GPD LTAR: .4 gpd/ft ² | | | | | |
| Effluent Standard: DSE HSE Other: Type of Water Supply: | Private well Municipal Supply Other: | | | | |
| Installation Requirements/Conditions | | | | | |
| Wastewater System Type: 50% reduction | Pump Required: Yes No May be required | | | | |
| Septic Tank Size: 1000 gallons Total Trench Length: 200 feet Trench Spacing: 9 feet on center | | | | | |
| Pump Tank Size: 1000 gallons Maximum Trench Depth: 22 inches | | | | | |
| Trench Width: 36 Distribution Method: Serial D-Box | or Parallel Pressure Manifold Other: | | | | |
| Artificial Drainage Required: Yes No 🔳 If yes, please specify details: | | | | | |
| Management Entity Required: Yes No Minimum O&M Requirements: | | | | | |
| Permit conditions: House will weed to be 55'or more | From Right Property line | | | | |
| For Septic System + repair area | | | | | |
| 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 Co | | | | | |
| the site. This construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, of 1 | 5A NCAC 18A .1900, as applicable, and to the conditions of this permit. Date: 11/19/25 | | | | |

*See attached site sketch

Date:

SITE SKETCH

| | 9 | 5 | 75. | 45 | -87 | 740 |
|-----|---|---|-----|----|-----|-----|
| DIM | | | | 70 | U | 70 |

Permit Number BRES2511-0010

| Applicant's Name | Subdivision/Section/Lot Number |
|------------------------|--------------------------------|
| Mark Osborne REHS | 11/19/2025 |
| 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.

