

Owner/Legal Representative Signature: _

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CARE	IL N.		File/Permit #: EH2505-0010
	IM	PROVEME	NT PERMIT (IP) CDP #:
New	Expansion	Repair	System Relocation Change of Use
Owner:			Applicant:
Property Location:			PIN/Lot Identifier:
Subdivision:			Lot #: Block: Section:
Facility Type:	Number of b	edrooms:	Number of Occupants: Other:
Design Daily Flow: GF	D LTAR (I	nitial):	gpd/ft ² LTAR (Repair): gpd/ft ²
Wastewater System Type:			(Initial)
Pump Required: Yes No	May be required	Usa	ble Depth to Limiting Condition (Initial):
Wastewater System Type			(Repair)
Pump Required: Yes No	May be required	Usa	ble Depth to Limiting Condition (Repair):
Effluent Standard: DSE HS	SE Other:	Type of V	Vater Supply: Private well Municipal Supply Other:
Permit conditions:			
remit conditions.			
The issuance of this permit in no way guarante	es 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 revocat This permit is subject to compliance with the p			<u>changes.</u> The Improvement Permit shall not be affected by a change in ownership of the site one of this permit.
Authorized Agent's Printed Name:	lark Osborne RI	EHS	Date: 09/29/2025
Authorized Agent's Signature:			
	-		
	CONSTR	UCTION A	UTHORIZATION (CA)
☐ New	Expansion	Repair	System Relocation Change of Use
Owner: Kenny Gomez			Applicant: Kenny Gomez
Property Location: 75 Holly Oak C	ir (SR 2545)		PIN/Lot Identifier: 0506-94-9098
Subdivision: Forest Oaks			Lot #: 68 Block: Section:
Facility Type: SFD	Number of b	edrooms: 3	Number of Occupants: 6 Other:
Design Daily Flow: 360 GP		.6 gpd,	
Effluent Standard: DSE HS	E Other:	Type of V	Vater Supply: Private well Municipal Supply Other:
Installation Requirements/Condition	ıs		
Wastewater System Type: 25% red	uction		Pump Required: Yes No May be required
Septic Tank Size: existing gallons		ength: 150	
Pump Tank Size: existing gallons			inches Soil Cover: 6 inches
Trench Width: 36 inches			■ D-Box or Parallel □ Pressure Manifold □ Other:
Artificial Drainage Required: Yes	No If yes, ple	ase specify detai	ls:
Management Entity Required: Ye	s No Minimu	m O&M Require	ments:
Permit conditions:			
r ermit conditions.			
			be met. Systems shall be installed in accordance with the attached site sketch. This
			<u>changes.</u> The Construction Authorization shall not be affected by a change in ownership of A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: M			Date: 09/29/25
Authorized Agent's Signature:	Mal la	REI	

*See attached site sketch

Date: ___

SITE SKETCH

_{PIN} 0506-94-9098

Permit Number EH2505-0010

Kenny Gomez

Forest Oaks 68

Applicant's Name Mark Osborne REHS Subdivision/Section/Lot Number 09/29/2025

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.

