

Owner/Legal Representative Signature: _

HARNETT COUNTY ENVIROMENTAL HEALTH File/Permit #: EH 2506 - 0006

	IMPROV	/EMENT PERMIT (IP)	CDP #:
□ New		Repair System Relocation	☐ Change of Use
Owner:		Applicant:	
Property Location:			
Subdivision:		Lot #:	Block: Section:
			Other:
Design Daily Flow: GPD			
Wastewater System Type:		(Initial)	
Pump Required: Yes No	May be required	Usable Depth to Limiting Condit	ion (Initial):
Wastewater System Type		(Repair)	
Pump Required: Yes No	May be required	Usable Depth to Limiting Condit	ion (Repair):
Effluent Standard: DSE HSE	Other:	Type of Water Supply: Private wel	Municipal Supply Other:
Permit conditions: The issuance of this permit in no way guarantee.	the issuance of other permits 1	The nermit holder is responsible for checking w	ith appropriate governing bodies in meeting their
•	n if the site plan, plat, or the inte	ended use changes. The Improvement Permit	hall not be affected by a change in ownership of the site.
Authorized Agent's Printed Name: Ma	rk Osborne REHS		Date:
Authorized Agent's Signature:			Expiration Date:
22 - 2	CONSTRUCTI	ON AUTHORIZATION (C	A)
Owner: Heather Burre		Repair System Relocation Applicant: Heat	her Burrell
Property Location: 86 Olde Cu			9553-69-2270
Subdivision: Cypress Pointe			Block: Section:
			6 Other:
Design Daily Flow:360 GPD			
Effluent Standard: 🔀 DSE 🗌 HSE	Other:	Type of Water Supply: Private wel	Municipal Supply Other:
Wastewater System Type: 50%	reduction Pi		uired: 🗹 Yes 🗌 No 🗌 May be required
Septic Tank Size: Existing gallons			
Pump Tank Size: Exiting gallons			
			Pressure Manifold Other:
Artificial Drainage Required: Yes			
Management Entity Required: Yes	No Minimum O&M	Requirements:	
Permit conditions:			
the site. This Construction Authorization is subje	on if the site plan, plat, or the inte ect to compliance with the provis	ended use changes. The Construction Authori cions of 15A NCAC 18E, or 15A NCAC 18A .1900	ration shall not be affected by a change in ownership of as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: Ma	rk Osborne REHS		/ .
Authorized Agent's Signature:	Mal le	PEHS	Expiration Date: 6-14-30

*See attached site sketch

Date: ___

Harnett County Environmental Health

SITE SKETCH

PIN <u>9553-69-2270</u> Heather Burrell	Permit Number EH 2506-0006 Cypress Points 24	
Applicant's Name Mark Osborne REHS	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 = NTS ← O'de Cypress PT ->