



HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: EH 2506-0010

CDP #: _____

IMPROVEMENT PERMIT (IP)

☐ New☐ Expansion☐ Repair☐ System Relocation☐ Change of Use

Owner: _____

Applicant: _____

Property Location: _____

PIN/Lot Identifier: _____

Subdivision: _____

Lot #: _____ Block: _____ Section: _____

Facility Type: _____ Number of bedrooms: _____ Number of Occupants: _____ Other: _____

Design Daily Flow: _____ GPD LTAR (Initial): _____ gpd/ft² LTAR (Repair): _____ gpd/ft²

Wastewater System Type: _____ (Initial)

Pump Required: ☐ Yes ☐ No ☐ May be required

Usable Depth to Limiting Condition (Initial): _____

Wastewater System Type: _____ (Repair)

Pump Required: ☐ Yes ☐ No ☐ May be required

Usable Depth to Limiting Condition (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 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: Mark Osborne REHS

Date: _____

Authorized Agent's Signature: _____

Expiration Date: _____

CONSTRUCTION AUTHORIZATION (CA)

☐ New☐ Expansion☒ Repair☐ System Relocation☐ Change of UseOwner: ROOTS ManagementApplicant: ROOTS ManagementProperty Location: 44 BETTY ST (SR 1156)PIN/Lot Identifier: 0515-50-4630Subdivision: Anderson Creek Mobile Home Park

Lot #: _____ Block: _____ Section: _____

Facility Type: SWMH Number of bedrooms: 3 Number of Occupants: 6 Other: _____Design Daily Flow: 360 GPD LTAR: _____ gpd/ft²Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: _____

Installation Requirements/Conditions

Wastewater System Type: Tank ReplacementPump Required: ☐ Yes ☐ No ☐ May be requiredSeptic Tank Size: 1000 gallons Total Trench Length: _____ feet Trench Spacing: _____ feet on center

Pump Tank Size: _____ gallons Maximum Trench Depth: _____ inches Soil Cover: _____ inches

Trench Width: _____ inches 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: Replace septic tank and Dbox, and reconnect to the existing drain lines

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: Mark Osborne REHSDate: 6-14-25Authorized Agent's Signature: Mark Osborne REHSExpiration Date: 6-14-30

Owner/Legal Representative Signature: _____ Date: _____

*See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0515-50-4630

Permit Number EH2506-0010

Roots Management

Anderson Creek Mobile home Park

Applicant's Name
Mark Osborne REHS

Subdivision/Section/Lot Number
6-14-25

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

