

**HARNETT COUNTY ENVIRONMENTAL HEALTH**

File/Permit #: EH2511-0010

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/ft<sup>2</sup> LTAR (Repair): \_\_\_\_\_ gpd/ft<sup>2</sup>

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: 11/21/2025

Authorized Agent's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**CONSTRUCTION AUTHORIZATION (CA)**☐ New☐ Expansion☒ Repair☐ System Relocation☐ Change of Use

Owner: Megan Vansteen

Applicant: Megan Vansteen

Property Location: 1001 Line Rd (SR 1100)

PIN/Lot Identifier: 9545-27-1654

Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Facility Type: SFD Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_

Design Daily Flow: 360 GPD LTAR: 6 gpd/ft<sup>2</sup>Effluent Standard: ☒ DSE ☐ HSE ☐ Other: \_\_\_\_\_ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: \_\_\_\_\_**Installation Requirements/Conditions**

Wastewater System Type: 25% reduction

Pump Required: ☐ Yes ☒ No ☐ May be required

Septic Tank Size: 1000 gallons Total Trench Length: 150 feet Trench Spacing: 9 feet on center

Pump Tank Size: \_\_\_\_\_ gallons Maximum Trench Depth: 30 inches Soil Cover: 6 inches

Trench Width: 36 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:

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 REHS

Date: 11/21/25

Authorized Agent's Signature: \_\_\_\_\_

Expiration Date: 11/21/2030

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*See attached site sketch**

# Harnett County Environmental Health

## SITE SKETCH

PIN 9545-27-1654

Permit Number EH2511-0010

Megan Vansteen

Applicant's Name  
Mark Osborne REHS

Authorized State Agent

Subdivision/Section/Lot Number  
11/21/2025

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

