



HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: SFD2503-0168

CDP #:

IMPROVEMENT PERMIT (IP)

New  Expansion  Repair  System Relocation  Change of Use

Owner: Galt Land Development Applicant:

Property Location: 20 Pomegranate Cir (SR 1323) PIN/Lot Identifier: 9567-21-8137

Subdivision: Magnolia Hills Lot #: 16 Block: Section:

Facility Type: 54'x47' SFD Number of bedrooms: 4 Number of Occupants: 8 Other:

Design Daily Flow: 480 GPD LTAR (Initial): .6 gpd/ft² LTAR (Repair): .6 gpd/ft²

Wastewater System Type: 25% reduction (Initial)

Pump Required:  Yes  No  May be required Usable Depth to Limiting Condition (Initial): 48

Wastewater System Type: 25% reduction (Repair)

Pump Required:  Yes  No  May be required Usable Depth to Limiting Condition (Repair): 48

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: 05/14/2025

Authorized Agent's Signature: [Signature] Expiration Date: 05/14/2030

CONSTRUCTION AUTHORIZATION (CA)

New  Expansion  Repair  System Relocation  Change of Use

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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: 200 feet Trench Spacing: 9 feet on center

Pump Tank Size: 1000 gallons Maximum Trench Depth: 28 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: 05/14/25

Authorized Agent's Signature: [Signature] Expiration Date: 05/14/2030

Owner/Legal Representative Signature: Date:

\*See attached site sketch

# Harnett County Environmental Health

## SITE SKETCH

PIN 9567-21-8137

Permit Number SFD2503-0168

Galt Land Development

Magnolia Hills 16

Applicant's Name  
Mark Osborne REHS

Subdivision/Section/Lot Number  
05/14/2025

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.

Scale = NTS

