

Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAROL		File/Permit #: SFD2504-0039
	IMPROVEME	ENT PERMIT (IP) CDP #:
New Owner: Galt Land Development	Expansion Repair	System Relocation Change of Use Applicant: Galt Land Development
Property Location: 329 Persimmon		
Facility Type: 50'x51' SFD	Number of bedrooms: 4	Lot #: 17 Block: Section: Section: Other:
Design Daily Flow: 480 GPE	LTAR (Initial): .6	gpd/ft² LTAR (Repair): .6 gpd/ft²
Wastewater System Type: 25% redu		
		able Depth to Limiting Condition (Initial): 48
Wastewater System Type 25% reduc	tion	(Repair)
Pump Required: Yes No		able Depth to Limiting Condition (Repair): 36
Effluent Standard: 🔳 DSE 🔲 HSE	Other: Type of	Water Supply: Private well Municipal Supply Other:
Permit conditions:		
Permit conditions.		
		t holder is responsible for checking with appropriate governing bodies in meeting their
This permit is subject to compliance with the pro		<u>changes.</u> The Improvement Permit shall not be affected by a change in ownership of the site tions of this permit.
Authorized Agent's Printed Name: Mathorized Agent's Signature:	ark Osborne REHS	Date: 05/15/2025
Authorized Agent's Signature:	Mal Ch REI	Expiration Date: 5-15-30
Design Daily Flow: 480 GPE Effluent Standard: DSE HSE Installation Requirements/Conditions Wastewater System Type: 25% redu Septic Tank Size: 1000 gallons Pump Tank Size: 1000 gallons Trench Width: 36 inches	Number of bedrooms: 4 Description Total Trench Length: 26 Distribution Method: Series	PIN/Lot Identifier: 9567-21-6290 Lot #: 17 Block: Section: Number of Occupants: 8 Other: Number of Occupants: 9 Other: Water Supply: Private well Municipal Supply Other: Pump Required: Yes No May be required
		ements:
		inches.
Permit conditions:		
Construction Authorization is subject to revocation	on if the site plan, plat, or the intended us	Il be met. Systems shall be installed in accordance with the attached site sketch. <u>This e changes.</u> The Construction Authorization shall not be affected by a change in ownership of SA NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: Ma	irk Osborne REHS	Date: 05/15/25
Authorized Agent's Signature:	Mal an Re	Expiration Date: 05/15/2030

*See attached site sketch

Date: _____

SITE SKETCH

9567-21-6290

Permit Number SFD2504-0039

Galt Land Development

Applicant's Name Mark Osborne REHS

Authorized State Agent

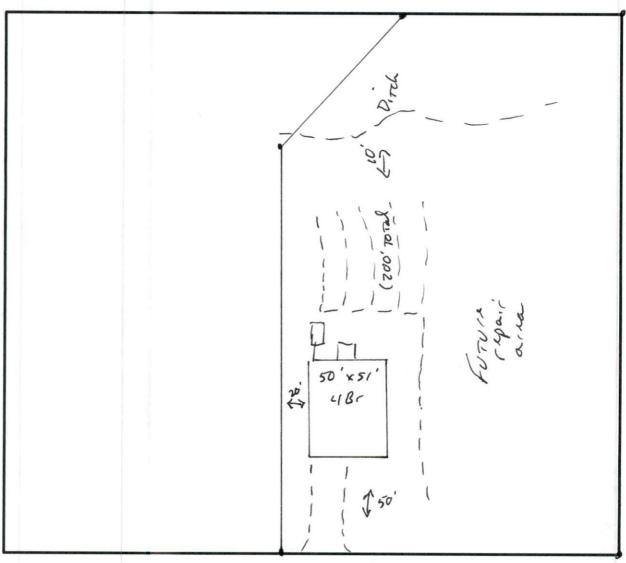
Magnolia Hills 17

Subdivision/Section/Lot Number 05/15/2025

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



Persimmon Tru Dr