

Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAR	(CT_A)	File/Pe	rmit #: SFD2504-0092
	IMPROVEMEN	NT PERMIT (IP) CDP #:	
Owner: Jeffrey Anderson	Expansion Repair	System Relocation [Applicant: Jeffrey Anderson	Change of Use
Property Location: 648 Hayes Rd (SR 2047)		PIN/Lot Identifier: 0524-56-1799	
Subdivision: STOREY	ACRES		Section:
	Number of bedrooms: 3		
Design Daily Flow: 360	GPD LTAR (Initial): .4	and/ft2 ITAR (Renair): .4	gnd/ft²
Wastewater System Type: 25% re		(Initial)	gpu/1t
	May be required Usab		n. 48
Wastewater System Type 25% red			,
	May be required Usab		ir): 48
	HSE Other: Type of W		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Permit conditions:			
requirements. <u>This permit is subject to revoce</u> This permit is subject to compliance with the	tees the issuance of other permits. The permit hation if the site plan, plat, or the intended use of provisions of 15A NCAC 18E and to the condition	<u>hanges.</u> The Improvement Permit shall not be a ons of this permit.	effected by a change in ownership of the site
Authorized Agent's Printed Name: _	Mark Osborne REHS		ote: 05/27/2025
Authorized Agent's Signature:		Ex	piration Date: 05/27/2030
	CONCEDUCTION A	ITHORIZATION (CA)	
· ·		JTHORIZATION (CA)	- 1350K 3.8KCW
Owner: Jeffrey Anderson	Expansion Repair	System Relocation [Applicant: Jeffrey Anderson	Change of Use
Property Location: 648 Hayes Rd (SR 2047)		PIN/Lot Identifier: 0524-56-1799	
Subdivision:		Lot #: Block:	Section:
Facility Type: 99'x52' SFD	Number of bedrooms: 3	Number of Occupants: 6 Oth	er:
Design Daily Flow: 360			
Effluent Standard: DSE H	HSE Other: Type of W	/ater Supply: Private well I Mu	nicipal Supply Other:
Installation Requirements/Condition	ons		
Wastewater System Type: 25% re	duction	Pump Required:	Yes No May be required
Septic Tank Size: 1000 gallor	ns Total Trench Length: 225	feet Trench Spacing: 9	feet on center
Pump Tank Size: 1000 gallon	ns Maximum Trench Depth: 26	inches Soil Cover: 6 inch	
Trench Width: 36 inches		■ D-Box or Parallel □ Pressur	
Artificial Drainage Required: Yes	No If yes, please specify detail	s:	
	Yes No Minimum O&M Requirer		
Permit conditions:			
Construction Authorization is subject to revol	porated by reference into this permit and shall l cation if the site plan, plat, or the intended use c ubject to compliance with the provisions of 15A	changes. The Construction Authorization shall in NCAC 18E, or 15A NCAC 18A .1900, as applicable	not be affected by a change in ownership of ole, and to the conditions of this permit.
Authorized Agent's Printed Name:	Mark Osborne REHS		ote: 05/27/25
Authorized Agent's Signature:	Sal WINEHS		piration Date: 05/27/2030

*See attached site sketch

Date: _____

Harnett County Environmental Health

SITE SKETCH

0524-56-1799

Permit Number SFD2504-0092

Jeffrey Anderson

Applicant's Name Mark Osborne REHS Subdivision/Section/Lot Number 05/27/2025

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.

