

Owner/Legal Representative Signature: ___

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAROL	N/			File/Permit #: BRES2504-0069
	IMP	ROVEME	NT PERMIT (IP)	CDP #:
■ New	Expansion	Repair	System Relocation	
Owner: Jamie Holloway			Applicant: Same as O	wner
Property Location: 162 HOBBY RD H	OLLY SPRINGS	, NC 27540	PIN/Lot Identifier: 06	26-54-2179.000 Lot 5
Subdivision: JAULA STRI	ABUSON		Lot #: 5	Block: Section:
Facility Type: 30' x 60' Metal Garage w/ Half				Other:
Design Daily Flow: 480 GPD			gpd/ft ² LTAR (Repair):	.3 gpd/ft²
Wastewater System Type: 25% Redu			(Initial)	
Pump Required: Yes No No			ble Depth to Limiting Condition	n (Initial): 34"
Wastewater System Type 50% Reduce			(Repair)	2.0
Pump Required: Yes No No				
Effluent Standard: DSE HSE	Other:	Type of W	Vater Supply: Private well	Municipal Supply Other:
Permit conditions: No Foundation or Gutter Drains to be Directed Towards No cutting or Grading of Soil in Septic or Septic Repair A * Septic Designed for Future 4-Bed Room SFD				
This permit is subject to compliance with the pro	if the site plan, plat, or visions of 15A NCAC 18	the intended use c	hanges. The Improvement Permit sha	Il not be affected by a change in ownership of the site.
Authorized Agent's Printed Name: Re Authorized Agent's Signature:	/ 2 /			Date: 05/28/2025
Authorized Agent's Signature:	m de	CHS		Expiration Date: 05/28/2030
New Owner: Jamie Holloway	Expansion	Repair	UTHORIZATION (CA System Relocation Applicant: Same as O	Change of Use
Property Location: 162 HOBBY RD F	OLLY SPRINGS	, NC 27540	PIN/Lot Identifier: 06	26-54-2179.000 Lot 5
Subdivision:			Lot #: 5	Block: Section:
				Other:
Design Daily Flow: 480 GPD	LTAR:	gpd/	ft²	
Effluent Standard: DSE HSE	Other:	Type of W	Vater Supply: Private well	Municipal Supply Other:
Installation Requirements/Conditions		Silver Lev		
Wastewater System Type: 25% Redu				red: Yes No May be required
Septic Tank Size: 1,000 gallons				g: 9' feet on center
Pump Tank Size: gallons				
Trench Width: 36" inches			The state of the s	Pressure Manifold Other:
Management Entity Required: Yes	No Minimun	n O&M Require	ments:	
Permit conditions: No Foundation or Gutter Drains to be Directed Towards No cutting or Grading of Soil in Septic or Septic Repair A * Septic Designed for Future 4-Bed Room SFD				
The requirements of 15A NCAC 18E are incorpora Construction Authorization is subject to revocation the site. This Construction Authorization is subject.				accordance with the attached site sketch. <u>This</u> ion shall not be affected by a change in ownership of
	1			
Authorized Agent's Printed Name: Rel Authorized Agent's Signature:	n Levocz	ne provisions of 15A		s applicable, and to the conditions of this permit. Date: 5 · 28 · 23 Expiration Date: 5 - 28 · 30

*See attached site sketch

Date: __

SITE SKETCH

PIN 0626-54-2179.000

Permit Number BRES2504-0069

Jamie Holloway	Lot 5	
Applicant's Name	Subdivision/Section/Lot Number	
Ren Levocz	05/28/2025	
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.

