

## HARNETT COUNTY ENVIROMENTAL HEALTH File/Permit #: SFD 2506 - 0086

New Expansion Repair System Relocation Change of Use		
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Owner: Rebicca Lupius Applicant: Onsite Homes		
Owner: Rebicca Lupian Applicant: Onsite Homes  Property Location: 374 Peach farm Rd (SR 1251) PIN/Lot Identifier: 0539-31-1122		
Subdivision:		
Subdivision: Lot #: Block: Section: Facility Type: 72 'x 47' 1FD		
Design Daily Flow: 4 GPD LTAR (Initial): , 4 gpd/ft² LTAR (Repair): , 4 gpd/ft²		
Wastewater System Type: 25% (AUCTION (Initial)		
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Initial): 36		
Wastewater System Type 25 % rsd v c Tion (Repair)		
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Repair): 36		
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.		
Authorized Agent's Printed Name: MARK OSborna REHS Date: 7-20-25		
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Authorized Agent's Signature: Expiration Date:		
CONSTRUCTION AUTHORIZATION (CA)		
New Expansion Repair System Relocation Change of Use		
Owner: Rebecca Lupien Applicant: Onsite Homes		
Property Location: 374 Peach Form Rd (SRIZSI) PIN/Lot Identifier: 0539-31-1/ZZ		
Subdivision:		
Facility Type: 72° x 47' (FD Number of bedrooms: 4 Number of Occupants: 8 Other:		
Design Daily Flow: 480 GPD LTAR: 4 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% reduc TIOn Pump Required: ☐ Yes ☐ No ☑ May be required		
Septic Tank Size:		
Pump Tank Size: gallons		
Trench Width: 36 inches Distribution Method: Serial D-Box or Parallel Pressure Manifold Other:		
Artificial Drainage Required: Yes \( \subseteq No \( \subseteq \) If yes, please specify details: \( \subseteq \)		
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.		
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 18A .1900, as applicable, and to the conditions of this permit.  Authorized Agent's Printed Name:  Authorized Agent's Printed Name:  Date:  7-20-25		
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		

\*See attached site sketch

## **Harnett County Environmental Health**

SITE SKETCH		
PIN 0539-31-1122 Per	rmit Number 5FD 2506-0086	
Onsite Homes		
Applicant's Name MARLE Osborne REHS	Subdivision/Section/Lot Number 7-20-25	
Authorized State Agent	Date	
System components represent approximate contours installation to ensure that the proper grade is maintai	only. The contractor must flag the system prior to beginning the	
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NCDHHS/DPH/EHS/OSWP	Revised Janua	