

Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

HORTH CARC	T.		File/Permit #: SFD2507-0071		
	IMP	ROVEME	ENT PERMIT (IP) CDP #:		
New Owner: Brandy Webb Thomas	Expansion	Repair	System Relocation Change of Use Applicant: Brandy Webb Thomas		
Owner: Brandy Webb Thomas Property Location: 315 Cool Springs Rd (SR 1265)					
Facility Type: 42'x68' SFD	Number of her	drooms. 3	Number of Occupants: 6 Other:		
Design Daily Flow: 360 GPI) LTAR (Ini	tial): .4	gpd/ft² LTAR (Repair): .4 gpd/ft²		
Wastewater System Type: 25% redu	ıction		(Initial)		
Pump Required: Yes No	May be required	Us	able Depth to Limiting Condition (Initial): 42		
Wastewater System Type 25% reduce			(Repair)		
			able Depth to Limiting Condition (Repair): 42		
Effluent Standard: 🔳 DSE 🔲 HSI	Other:	Type of	Water Supply: Private well Municipal Supply Other:		
Permit conditions:					
2 0020000000000000000000000000000000000	rains or gutter	s to drain	onto or into the septic area		
Do not allow foundation a	anie er gatter	o to drain	onto or who the depute and		
	on if the site plan, plat, or	the intended use	it holder is responsible for checking with appropriate governing bodies in meeting their echanges. The Improvement Permit shall not be affected by a change in ownership of the site.		
			Date: 08/12/2025		
Authorized Agent's Printed Name: Mauthorized Agent's Signature:	the de	DE HI	Expiration Date: 08/12/2030		
Addionized Agents 3 signature.					
	CONSTRU	JCTION A	AUTHORIZATION (CA)		
■ New	Expansion	Repair	System Relocation Change of Use		
Owner: Brandy Webb Thomas			Applicant: Brandy Webb Thomas		
Property Location: 315 Cool Spring	ys Rd (SR 1265)		PIN/Lot Identifier: 0610-89-2121		
Subdivision:					
Facility Type: 42'x68' SFD	Number of bed	drooms: 3	Number of Occupants: 6 Other:		
Design Daily Flow: 360 GPI	D LTAR: <u>.4</u>	gpo	d/ft²		
Effluent Standard: 🔳 DSE 🔲 HSI	Other:	Type of	Water Supply: Private well Municipal Supply Other:		
Installation Requirements/Conditions					
Wastewater System Type: 25% redu	iction		Pump Required: Yes No May be required		
			_ feet		
	Maximum Trenc	h Depth: 26	inches Soil Cover: 6 inches		
Trench Width: 36 inches	Distribution Met	hod: 🔳 Seri	al D-Box or Parallel Pressure Manifold Other:		
Artificial Drainage Required: Yes	No If yes, pleas	e specify deta	ails:		
Management Entity Required: Yes	No Minimum	O&M Requir	ements:		
Permit conditions:					
Do not allow foundation d	rains or gutter	s to drain	onto or into the septic area		
Construction Authorization is subject to revocate	ion if the site plan, plat, or	r the intended us	Ill be met. Systems shall be installed in accordance with the attached site sketch. <u>This</u> <u>e changes.</u> The Construction Authorization shall not be affected by a change in ownership of		
200		NAME OF THE OWNER OWNER OF THE OWNER	5A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.		
Authorized Agent's Printed Name: IVI	h.	101	Date: 08/12/25 Expiration Date: 08/12/2030		
Authorized Agent's Signature:	1 you we	- rec	Expiration Date: UO/ 12/2000		

*See attached site sketch

Date: _

Harnett County Environmental Health

CI	ГF	CI	KE	rc	Н
.71	I C	. 71	Vr.		п

PIN	06	10-	89.	-21	21	
114						

Permit Number SFD2507-0071

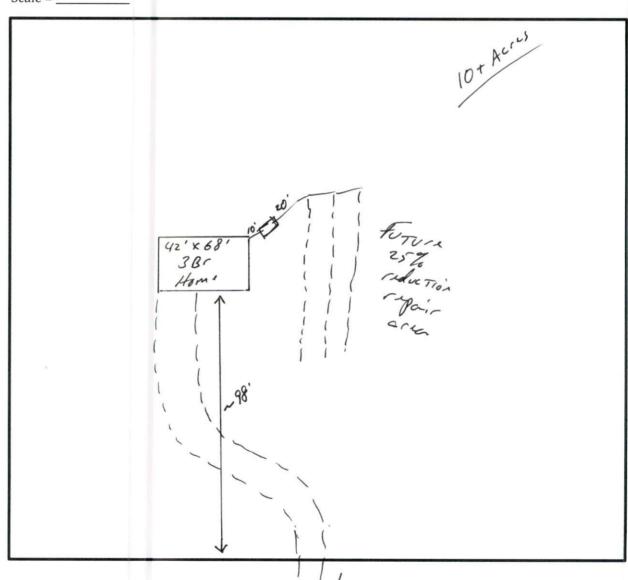
Brandy Webb Thomas

Applicant's Name Mark Osborne REHS Subdivision/Section/Lot Number 08/12/2025

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.



NCDHHS/DPH/EHS/OSWP

Revised January 2024 Form IP-24.1