

Authorized Agent's Signature:

Owner/Legal Representative Signature:

## HARNETT COUNTY ENVIROMENTAL HEALTH

	IM	PROVEME	NT PERMIT (IP)	File/Permit #: SFD2507-0093 CDP #:
■ New	Expansion	Repair	System Relocation	
Galt Land Davidenment				
Property Location: 17 Mahogany Ct (Sr 1323)			PIN/Lat Identifier: 9567-21-2817	
Subdivision: Magnolia Hills			Lot #. 19	Rlock: Section:
Facility Type: 49'x37' SFD	Number of be	edrooms: 4	Number of Occupants: 8	Other:
Design Daily Flow: 480	GPD LTAR (In	nitial): .6	gpd/ft <sup>2</sup> LTAR (Renair)	6 and/ft2
Subdivision: Magnolia Hills  Lot #: 19  Block: Section:  Facility Type: 49'x37' SFD  Number of bedrooms: 4  Number of Occupants: 8  Other:  Design Daily Flow: 480  GPD  LTAR (Initial): .6  gpd/ft²  LTAR (Repair): .6  gpd/ft²  Wastewater System Type: 25% reduction  (Initial)				
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Initial): 26				
Wastewater System Type 50% reduction (Repair)				
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Repair): 26				on (Repair): 26
Effluent Standard: DSE				
Permit conditions:	į			
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.  This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.  Authorized Agent's Printed Name:  Mark Osborne REHS  Date:  P- 2- 30  Authorized Agent's Signature:  P- 2- 30				
Authorized Agent's Signature:	Not de	REHU		0
Owner: Galt Land Developme	Expansion ent	Repair	JTHORIZATION (CA  System Relocation  Applicant: Galt Land [	☐ Change of Use
Property Location: 17 Mahogany Ct (Sr 1323)			PIN/Lot Identifier: 9567-21-2817	
Subdivision: Magnolia Hills			Lot #: 19 Block: Section:	
Facility Type: 49 x37 SFD Number of bedrooms: 4 Number of Occupants: 8 Other:				
Design Daily Flow: 460	GPD LTAR:	gpd/f	t <sup>2</sup>	
Effluent Standard: DSE		Type of W	ater Supply: Private well	Municipal Supply Other:
Installation Requirements/Condition				
Wastewater System Type: 25% reduction Pump Required: Yes No May be rec				ed: Yes No May be required
Septic Tank Size: 1000 gallons Total Trench Length: 200 feet Trench Spacing: 9 feet on center  Pump Tank Size: 1000 gallons Maximum Trench Depth: 26 inches Soil Cover: 6 inches				
Pump Tank Size: 1000 gallons Maximum Trench Depth: 26 inches Soil Cover: 6 inches  Trench Width: 36 inches Distribution Method: Serial D-Box or Parallel Pressure Manifold Other:				
	Distribution Meth	nod: Serial	D-Box or Parallel	Pressure Manifold Other:
Artificial Drainage Required: Yes	No If yes, please	specify details		
Management Entity Required:	Yes No Minimum (	O&M Requirem	ents:	
Permit conditions:				
				1
	subject to compliance with the	provisions of 15A N		occordance with the attached site sketch. This on shall not be affected by a change in ownership of applicable, and to the conditions of this permit.

\*See attached site sketch

Date: \_\_

## Harnett County Environmental Health

## SITE SKETCH

PIN 9567-21-2817

Permit Number SFD2507-0093

Galt Land Development

Applicant's Name Mark Osborne REHS

Authorized State Agent

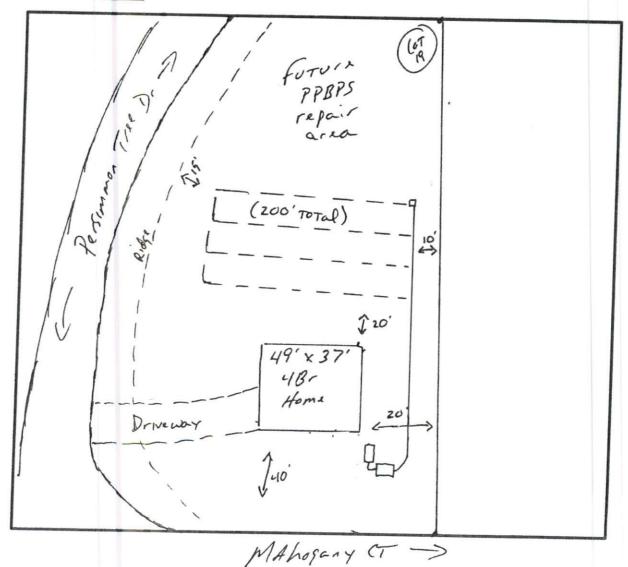
Magnolia Hills

19

Subdivision/Section/Lot Number

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