

Authorized Agent's Signature: _

Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

Expiration Date: 09/29/2030

Date: _

Hon I'll Color			File/Permit #: SFD2508-0049	_
	IMI	PROVEME	NT PERMIT (IP) CDP #:	_
New Owner: Jeff Thompson	Expansion	Repair	System Relocation Change of Use Applicant: Jeff Thompson	
Property Location: 376 Stockyard R			PIN/Lot Identifier: 0559-41-2853	
				_
Eacility Type: 58'x62' SFD	Number of h	edrooms: 3	Lot #: Block: Section: Number of Occupants: 6 Other:	\neg
Design Daily Flow: 360 GPD	ITAR (I	nitial)3	gpd/ft² LTAR (Repair): .3 gpd/ft²	\neg
Wastewater System Type: low profile			(Initial)	
			able Depth to Limiting Condition (Initial): 22	
Wastewater System Type low profile			(Repair)	
Pump Required: Yes No No			able Depth to Limiting Condition (Repair): 22	
			Water Supply: ☐ Private well ■ Municipal Supply ☐ Other:	
Permit conditions:				
requirements. This permit is subject to revocation This permit is subject to compliance with the pro	n if the site plan, plat, ovisions of 15A NCAC 18	or the intended use 8E and to the condit	SERVICES AND FURSIFICATION	site.
Authorized Agent's Printed Name: Ma	rk Osborne RE	EHS	Date: 09/29/2025	_
Authorized Agent's Printed Name: Ma Authorized Agent's Signature:	h	REH	Expiration Date: 09/29/2030	_
	CONSTR	UCTION A	UTHORIZATION (CA)	
■ New		Repair	System Relocation Change of Use	
Owner: Jeff Thompson			Applicant: Jeff Thompson	
Property Location: 376 Stockyard R	d (SR 2035)		PIN/Lot Identifier: 0559-41-2853	Т
			2.	
Facility Type: 58'x62' SFD	Number of b	edrooms: 3	Lot #: Block: Section: Number of Occupants: 6 Other:	
Design Daily Flow: 360 GPD				
			Vater Supply: Private well Municipal Supply Other:	
Installation Requirements/Conditions				
Wastewater System Type: low profile	chambers		Pump Required: Yes No May be require	d
		ength: 400	feet Trench Spacing: 9 feet on center	
			inches Soil Cover: 6 inches	
			D-Box or Parallel Pressure Manifold Other:	
Artificial Drainage Required: Yes	No If yes, plea	ase specify detai	ls:	
Management Entity Required: Yes	No Minimu	m O&M Require	ments:	
Permit conditions: This Si For The s	te Will ,	verd 6.	"of Group II or Group III soil cons	
Construction Authorization is subject to revocation	n if the site plan, plat,	or the intended use	be met. Systems shall be installed in accordance with the attached site sketch. <u>This changes</u> . The Construction Authorization shall not be affected by a change in ownership a NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.	of
Authorized Agent's Printed Name: Ma		2010/20	Date: 09/29/25	

*See attached site sketch

SITE SKETCH

0559-41-2853

Permit Number SFD2508-0049

Jeff Thompson

Applicant's Name Mark Osborne REHS

Authorized State Agent

Subdivision/Section/Lot Number 09/29/2025

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.

