

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAROLINA	File/Permit #: SFD2509-0002			
IMPROVEMENT PE	ERMIT (IP) CDP #:			
	System Relocation Change of Use			
	pplicant: Galt Land Development			
	IN/Lot Identifier: 9567-02-4364.			
	ot #: <u>40</u> Block: Section:			
Facility Type: 70 x54 5FD Number of bedrooms: 4 Num				
Design Daily Flow: 480 GPD LTAR (Initial): .5 gpd/				
Wastewater System Type: 25% reduction				
Pump Required: Yes No May be required Usable Dep	th to Limiting Condition (Initial): 48			
Wastewater System Type 25% reduction				
Pump Required: Yes No May be required Usable Dep				
Effluent Standard: DSE HSE Other: Type of Water Su	upply: 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 a 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	00/16/2025			
h/// ///	0011010000			
Authorized Agent's Signature:	Expiration Date: 09/16/2030			
CONSTRUCTION AUTHO	ORIZATION (CA)			
	System Relocation Change of Use			
	pplicant: Galt Land Development			
	IN/Lot Identifier: 9567-02-4364.			
	ot #: 40 Block: Section:			
Facility Type: 70'x54' SFD Number of bedrooms: 4 Num				
Design Daily Flow: 480 GPD LTAR: .5 gpd/ft²				
Effluent Standard: DSE HSE Other: Type of Water Su	upply: Private well Municipal Supply Other:			
Installation Requirements/Conditions				
Wastewater System Type: 25% reduction	Pump Required: Yes No May be required			
Septic Tank Size: 1000 gallons Total Trench Length: 240 feet Trench Spacing: 9 feet on center				
Pump Tank Size: 1000 gallons Maximum Trench Depth: 28 inches Soil Cover: 6 inches				
0.0	D-Box or Parallel Pressure Manifold Other:			
Permit conditions:				
Terrine 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. <u>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes</u> . 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.				
Authorized Agent's Printed Name: Mark Osborne REHS Authorized Agent's Signature: Date: 09/16/25 Expiration Date: 09/16/2030				
Authorized Agent's Signature: MA MEHS	Expiration Date: 09/16/2030			
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*See attached site sketch

SITE SKETCH

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Permit Number SFD2509-0002

Galt Land Development	Magnolia Hills 40			
Applicant's Name	Subdivision/Section/Lot Number 09/16/2025			
Mark Osborne REHS				
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.

