

## HARNETT COUNTY ENVIROMENTAL HEALTH

|  |   |  |  | File/Permit #: SFD2509-0013  |
|--|---|--|--|--|
|  | IMI   | PROVEMEN   | IT PERMIT (IP)   | CDP #:   |
| Owner: Michael McGrath   | Expansion   | Repair   | System Relocation Applicant: A&G Resid   |  |
| Property Location: 99 Jaylin Oaks D  |   |  | PIN/Lot Identifier: 05   |  |
| 1 1 0 1  |   |  | 00   |  |
| Facility Type: 42'x69' SFD   | Number of be  | edrooms: 4   | Number of Occupants: 8   | Block: Section: Other:   |
| Design Daily Flow: 480 GPD   | LTAR (Ir  | nitial): .4  | gpd/ft <sup>2</sup> LTAR (Repair):   | .4 gpd/ft²   |
| Wastewater System Type: 25% redu   | 4.1   |  | (Initial)  | 37.7   |
| Pump Required: Yes No  |   |  |  | n (Initial): <u>36</u>   |
| Wastewater System Type 50% reduc   | t <b>i</b> on   |  | (Repair)   |  |
| Pump Required: Yes No  | May be required   | Usab   | le Depth to Limiting Conditio  | n (Repair): 36   |
| Effluent Standard:   DSE HSE   | Other:  | Type of W  | ater Supply: Private well  | ■ Municipal Supply Other:  |
| Permit conditions:   |   |  |  |  |
| Termit conditions.   |   |  |  |  |
|  |   |  |  |  |
| The issuance of this permit in no way guarantees requirements. <i>This permit is subject to revocation</i> . This permit is subject to compliance with the pro   | if the site plan, plat, o   | or the intended use ch   | anges. The Improvement Permit sha  | n appropriate governing bodies in meeting their all not be affected by a change in ownership of the site.  |
| Authorized Agent's Printed Name: Ma  | rk Osborne RE   | HS   |  | Date: 10/13/2025   |
| Authorized Agent's Printed Name: Ma Authorized Agent's Signature:  | Meh   | - d_   | REHI   | Expiration Date: 10/13/2030  |
|  | CONSTR  | UCTION AL  | JTHORIZATION (CA   | 1)   |
| New Owner: Michael McGrath   | Expansion   | Repair   | System Relocation Applicant: A&G Resid   | Change of Use  |
| Property Location: 99 Jaylin Oaks D  | r (SR 1123)   |  |  | 513-45-8788  |
|  |   |  |  |  |
| Facility Type: 42'x69' SFD   | Number of be  | edrooms: 4   | Number of Occupants: 8   | Block: Section:  |
| Design Daily Flow: 480 GPD   | LTAR: ·   | 4 gpd/f  | t <sup>2</sup>   |  |
|  | _   |  |  |  |
| Effluent Standard:   DSE HSE   | Other:  | Type of Wa   |  | ■ Municipal Supply Other:  |
| Effluent Standard:  DSE  HSE  Installation Requirements/Conditions   | Other:  | Type of W  |  | ■ Municipal Supply ☐Other:   |
|  |   | Type of W  | ater Supply:  Private well   | ■ Municipal Supply ☐ Other: red: ☐ Yes ■ No ☐ May be required  |
| Installation Requirements/Conditions Wastewater System Type: 25% reduced Septic Tank Size: 1000 gallons  | ction<br>Total Trench Le  | ength: 300 f   | ater Supply: Private well  Pump Required  Trench Spacin  | red: Yes No May be required  |
| Installation Requirements/Conditions Wastewater System Type: 25% reduced Septic Tank Size: 1000 gallons  | ction<br>Total Trench Le  | ength: 300 f   | ater Supply: Private well  Pump Required  Trench Spacin  | red: Yes No May be required  |
| Installation Requirements/Conditions Wastewater System Type: 25% reduced   | ction<br>Total Trench Le<br>Maximum Tren  | ength: 300 f   | Private well  Pump Required  Trench Spacin  inches Soil Cover: 6   | red: Yes No May be required g: 9 feet on center inches   |
| Installation Requirements/Conditions  Wastewater System Type: 25% reduced by the second secon | Total Trench Le<br>Maximum Tren<br>Distribution Me  | ength: 300 finch Depth: 22   | Private well  Pump Required  Trench Spacin  inches Soil Cover: 6  D-Box or Parallel  | red:  Yes  No  May be required g: 9 feet on center inches  Pressure Manifold Other:  |
| Wastewater System Type: 25% reduces Septic Tank Size: 1000 gallons Pump Tank Size: 1000 gallons Trench Width: 36 inches  | Total Trench Le  Maximum Tren  Distribution Me  No I If yes, plea   | ength: 300 f<br>och Depth: 22<br>ethod: Serial   | Private well  Pump Required  Trench Spacin  inches Soil Cover: 6  D-Box or Parallel  | red:  Yes No May be required g: 9 feet on center inches  Pressure Manifold Other:  |
| Installation Requirements/Conditions  Wastewater System Type: 25% reduced by 25%  | Total Trench Le  Maximum Tren  Distribution Me  No I If yes, plea   | ength: 300 f<br>och Depth: 22<br>ethod: Serial   | Private well  Pump Required  Trench Spacin  inches Soil Cover: 6  D-Box or Parallel  | red:  Yes No May be required g: 9 feet on center inches  Pressure Manifold Other:  |
| Installation Requirements/Conditions  Wastewater System Type: 25% reduced to 25%  | Total Trench Le  Maximum Tren  Distribution Me  No I If yes, plea  No Minimur   | ength: 300 for the following f | ater Supply: Private well  Pump Required  Trench Spacin  inches Soil Cover: 6  D-Box or Parallel  ments:   | red:  Yes  No  May be required g: 9 feet on center inches Pressure Manifold Other:   |
| Installation Requirements/Conditions  Wastewater System Type: 25% reduced by 25%  | Total Trench Le  Maximum Tren  Distribution Me  No If yes, plea  No Minimur  ted by reference into to in if the site plan, plat,                      | ength: 300 function of the intended use of the | Private well  Pump Required Trench Spacin  inches Soil Cover: 6  D-Box or Parallel  penents:  Pump Required Trench Spacin  inches Soil Cover: 6  penents:  penents:  | red: Yes No May be required g: 9 feet on center inches Pressure Manifold Other:  accordance with the attached site sketch. This tion shall not be affected by a change in ownership of |
| Installation Requirements/Conditions  Wastewater System Type: 25% reduces the reduced septic Tank Size: 1000 gallons  Pump Tank Size: 1000 gallons  Trench Width: 36 inches  Artificial Drainage Required: Yes Management Entity Required: Yes  Permit conditions:  The requirements of 15A NCAC 18E are incorporate Construction Authorization is subject to revocation.  | Total Trench Le Maximum Tren Distribution Me No If yes, plea No Minimum ted by reference into to in if the site plan, plat, ct to compliance with the | ength: 300 function of 15A is the provisions o | Pump Required to Pump R | red: Yes No May be required g: 9 feet on center inches Pressure Manifold Other:  accordance with the attached site sketch. This tion shall not be affected by a change in ownership of |

\*See attached site sketch

Date: \_\_\_

Owner/Legal Representative Signature:

## **Harnett County Environmental Health**

## SITE SKETCH

<sub>PIN</sub> 0513-45-8788

Permit Number SFD2509-0013

A&G Residential LLC

Applicant's Name

Mark Osborne REHS Authorized State Agent Jaylin Oaks 20

Subdivision/Section/Lot Number 10/13/2025

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.

