

**HARNETT COUNTY ENVIRONMENTAL HEALTH**

File/Permit #: SFD2509-0042

CDP #:

IMPROVEMENT PERMIT (IP)

Owner: ☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use
Applicant: Galt Land Development
Property Location: 54 Alder Dr(SR 1323) PIN/Lot Identifier: 9567-12-9592
Subdivision: Magnolia Hills Lot #: 66 Block: _____ Section: _____
Facility Type: 54'x47' SFD Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Daily Flow: 480 GPD LTAR (Initial): .5 gpd/ft² LTAR (Repair): .5 gpd/ft²
Wastewater System Type: 25% reduction (Initial)
Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Initial): 38
Wastewater System Type: 25% reduction (Repair)
Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Repair): 38
Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ 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 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: 10/03/2025
Authorized Agent's Signature: [Signature] Expiration Date: 10/03/2030

CONSTRUCTION AUTHORIZATION (CA)

Owner: ☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use
Applicant: Galt Land Development
Property Location: 54 Alder Dr(SR 1323) PIN/Lot Identifier: 9567-12-9592
Subdivision: Magnolia Hills Lot #: 66 Block: _____ Section: _____
Facility Type: 54'x47' SFD Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Daily Flow: 480 GPD LTAR: .5 gpd/ft²
Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ 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: 24 inches Soil Cover: 6 inches
Trench Width: 36 inches Distribution Method: ☒ 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 Requirements: _____

Permit 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. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. 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 Date: 10/03/25
Authorized Agent's Signature: [Signature] Expiration Date: 10/03/2030
Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 9567-12-9592

Permit Number SFD2509-0042

Galt Land Development

Magnolia Hills 66

Applicant's Name

Subdivision/Section/Lot Number

Mark Osborne REHS

10/03/2025

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.

Scale = NTS

