

Owner/Legal Representative Signature:

HARNETT COUNTY ENVIROMENTAL HEALTH

| NORTH CAROLIN. | | | File/Permit #: SFD2509-0056 |
|--|--|---|---|
| | IMPROVEMENT | PERMIT (IP) | CDP #: |
| New Ex | cpansion Repair R JANICE M | System Relocation Applicant: Margarita | _ |
| Property Location: 62 PONCHARTRAIN ST FU | | PIN/Lot Identifier: 06 | |
| Subdivision: CAPTAINS LAND | | | Block: Section: |
| Facility Type: SFD 54' x 53' | umber of bedrooms: 3 Ni | umber of Occupants: 6 | Other: |
| Design Daily Flow: 360 GPD | | | |
| Wastewater System Type: 25% Reduction | 0 1 | (Initial) | |
| Pump Required: Yes No May be | required Usable D | epth to Limiting Conditio | n (Initial): <u>48"</u> |
| Wastewater System Type Repair Exempt | | (Repair) | |
| Pump Required: Yes No May be | required Usable D | epth to Limiting Conditio | n (Repair): |
| Effluent Standard: DSE HSE C |)ther: Type of Water | Supply: Private well | ■ Municipal Supply □Other: |
| Permit conditions: No Foundation or Gutter Drains to be Directe No Cutting or Grading of Soil in Septic or Sep | | | |
| The issuance of this permit in no way guarantees the issua requirements. <u>This permit is subject to revocation if the si</u> This permit is subject to compliance with the provisions o | ite plan, plat, or the intended use change | s. The Improvement Permit sha | |
| Authorized Agent's Printed Name: James M | lanhart | | |
| Authorized Agent's Signature: | | | 4010710000 |
| C | ONSTRUCTION AUTH | IORIZATION (CA | ۸) |
| Owner: ST PETER MARK & ST PETER | pansion Repair R JANICE M | System Relocation Applicant: Margarita | ☐ Change of Use C Rodriguez |
| Property Location: 62 PONCHARTRAIN ST FU | QUAY VARINA, NC 27526 | | 13-73-5803.000 |
| | | | |
| Subdivision: CAPTAINS LAND Facility Type: SFD 54' x 53' | umber of bedrooms: 3 Nu | ımber of Occupants: 6 | Other: |
| Design Daily Flow: 360 GPD | | | |
| Effluent Standard: DSE HSE O | ther: Type of Water | Supply: Private well | ■ Municipal Supply Other: |
| Installation Requirements/Conditions | | | |
| Wastewater System Type: 25% Reduction | | Pump Requi | red: 🗌 Yes 🔳 No 🔲 May be required |
| Septic Tank Size: 1,000 gallons Tota | I Trench Length: 300' feet | Trench Spacin | g: 9' feet on center |
| Septic Tank Size: 1,000 gallons Total Pump Tank Size: gallons Max | imum Trench Depth: 27" | inches Soil Cover: 6" | inches |
| Trench Width: 36" inches Distr | ribution Method: 🔳 Serial | D-Box or Parallel | Pressure Manifold Other: |
| Artificial Drainage Required: Yes 🗌 No 🔳 | If yes, please specify details: | | |
| Management Entity Required: Tes III No | Minimum O&M Requirement | s: | |
| Permit conditions: | | | |
| The requirements of 15A NCAC 18E are incorporated by re <u>Construction Authorization is subject to revocation if the si</u> the site. This Construction Authorization is subject to com Authorized Agent's Printed Name: James M | ite plan, plat, or the intended use change apliance with the provisions of 15A NCAC | es. The Construction Authorizate 18E, or 15A NCAC 18A .1900, a | ion shall not be affected by a change in ownership of s applicable, and to the conditions of this permit. |
| Authorized Agent's Signature: | Mahant TERS / | 12/000 | Expiration Date: 10/07/2030 |

*See attached site sketch

Date: _

SITE SKETCH

PIN 0613-73-5803.000

Permit Number SFD2509-0056

Margarita C Rodriguez

Applicant's Name Ren Levocz

Authorized State Agent

1 LOT #8/10 CAPTAINS LAND

Subdivision/Section/Lot Number 10/07/2025

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.

