

**HARNETT COUNTY ENVIROMENTAL HEALTH**File/Permit #: SFD2510-0042

CDP #: \_\_\_\_\_

**IMPROVEMENT PERMIT (IP)**☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of UseOwner: Maven Home SolutionsApplicant: Maven Home SolutionsProperty Location: 5061 South River Rd (SR 1257)PIN/Lot Identifier: 0631-35-8977

Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Facility Type: 60'x55' SFD Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_Design Daily Flow: 360 GPD LTAR (Initial): .4 gpd/ft<sup>2</sup> LTAR (Repair): .4 gpd/ft<sup>2</sup>Wastewater System Type: 25% reduction (Initial)Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Initial): 52Wastewater System Type: 25% reduction (Repair)Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Repair): 52Effluent 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 REHSDate: 11/25/2025Authorized Agent's Signature: [Signature] REHSExpiration Date: 11/25/2030**CONSTRUCTION AUTHORIZATION (CA)**☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of UseOwner: Maven Home SolutionsApplicant: Maven Home SolutionsProperty Location: 5061 South River Rd (SR 1257)PIN/Lot Identifier: 0631-35-8977

Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Facility Type: 60'x55' SFD Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_Design Daily Flow: 360 GPD LTAR: .4 gpd/ft<sup>2</sup>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 requiredSeptic Tank Size: 1000 gallons Total Trench Length: 225 feet Trench Spacing: 9 feet on centerPump Tank Size: 1000 gallons Maximum Trench Depth: 26 inches Soil Cover: 6 inchesTrench 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 REHSDate: 11/25/25Authorized Agent's Signature: [Signature] REHSExpiration Date: 11/25/2030

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*See attached site sketch**

# Harnett County Environmental Health

## SITE SKETCH

PIN 0631-35-8977

Permit Number SFD2510-0042

Applicant's Name  
Mark Osborne REHS

Subdivision/Section/Lot Number  
11/25/2025

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

