

Harnett County Environmental Health

File/Permit Number: Bres2401-0017

IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: Lot 22

Owner: Donna + Jeffrey Socola Applicant: Parrot Bay Pools

Property Location: 101 Squire St. Fuquay Varina, NC 27526, SR 1429 Chalybeate Rd.

Subdivision (if applicable) AVERY POND Lot #: 22 Block: _____ Section: _____

New Expansion System Relocation Change of Use

Facility Type: Ex. SFD

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .4 Proposed LTAR (Repair): .4

Proposed Wastewater System Type*: 25% Reduction System (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type*: 25% Reduction System (Repair) Pump Required: Yes No May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW

Saprolite System (Initial): Yes No Saprolite System (Repair): Yes No

Fill System (Initial): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)*: 36" Usable Depth to LC (Repair)*: 36" * **Limiting Condition**

Max. Trench Depth (Initial)*: 18"- 22" Max. Trench Depth (Repair)*: 18"-22" * **Measured on the downhill side of the trench**

Artificial Drainage Required: Yes No If yes, please specify details: A Curtain Drain will need to be installed prior to install.

Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Drainfield location meets requirements of Rule .0508: Yes No Drainfield location meets requirements of Rule .0601: Yes No

Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

~~The D-box and supply line need to be moved over 15' from proposed pool. D-box needs to be 10' from property line and supply line needs to be 5' from property line. The first three 60' leech field lines are to be abandoned and three new 60' lines are to be installed above existing two lines from system.~~

Authorized Agent's Printed Name: James E. Manahan Expiration Date: 2-5-29

Authorized Agent's Signature: James E. Manahan Date: 2-5-24

See attached site sketch

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.

Harnett County Environmental Health

File/Permit Number: Bres2401-0017

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: Lot 22
Owner: Donna + Jeffrey Socola Applicant: Parrot Bay Pools
Property Location: 101 Squire St. Fuquay Varina, NC 27526, SR 1429 Chalybeate Rd.
Facility Type: Ex. SFD

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

New Expansion Repair System Relocation Change of Use
Basement? Yes No Basement Fixtures? Yes No
Crawl Space? Yes No Slab Foundation? Yes No
Type of Wastewater System* 25% Reduction System (Initial) 25% Reduction System (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Design Daily Flow: 480 GPD Wastewater Strength: Domestic High Strength Industrial Process Wastewater
Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? Yes No
(if yes, please provide engineering documentation)
Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW
Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Installation Requirements/Conditions

Septic Tank Size: _____ gallons Total Trench/Bed Length: 180' feet Trench/Bed Spacing: 9' feet on center
Trench/Bed Width: 36" inches LTAR: .4 gpd/ft² Usable Depth to LC (Initial)*: 36" **Limiting condition*
Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth*: 18"-22" inches ** Measured on the downhill side of the trench*
Pump Tank Size (if applicable): _____ gallons Requires more than one pump? Yes No
Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons
Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other: 3 - 60' Lines
Artificial Drainage Required: Yes No If yes, please specify details: A Curtain Drain will need to be installed prior to install.

Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [Rule .0204(g)]: Yes No
Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: Yes No
Declaration of Restrictive Covenants: Yes No Pre-Construction Conference Required: Yes No
Management Entity Required: Yes No Minimum O&M Requirements: _____
Conditions: The D-box and supply line need to be moved over 15' from proposed pool. D-box needs to be 10' from property line and supply line needs to be 5' from property line. The first three 60' leech field lines are to be abandoned and three new 60' lines are to be installed above existing two lines from the current system.

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: JAMES E. MANHART JR. EHS Expiration Date: 2-5-23
Authorized Agent's Signature: James E. Manhart JR. EHS Date: 2-5-24

See attached site sketch

