

[Type here]

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

12-2-24 (Date)

Owner: Katherine Wilkinson  
Address: 25 Corner Ln (NC 27W)

Subject: Notice of Intent to Revoke (Suspend) Bres 2406 0046 (specify name/location)  
Improvement Permit/Construction Authorization

Dear Katherine Wilkinson :  
(Owner's Name)

The Harratt Co. health department inspected the site for the on-site wastewater system located at 30 Corner Ln (physical address) for compliance with General Statues 130A-334 to 345, 15A NCAC 18A .1900 et seq., and Improvement Permit/Construction Authorization IPAC (1) (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation

Law or Rule Citation

We were told of 2 septic systems on the site when the evaluation was done initially on the lot. Upon install by septic contractors, multiple (6+) septic systems were located. Area for drain field is not permissible by the county

[Example #1 - 18 inches of soil removed from site in violation of G.S. 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]

[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/ revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before 30 days expire, the suspension/revocation (specify) will not go into effect. [Insert for suspension] If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. [Insert for revocation] If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New

Hope Church Rd, Raleigh, NC 27609. You may write the Office of Administrative Hearings, call the office at 984-236-1850, or get a copy of the petition form from the OAH web site at <http://www.oah.nc.gov>. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

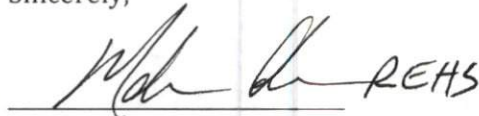
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER**. The date of this letter is XXX XX, XXXX. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by General Statute 150B-23 to serve a copy of your petition to the Registered Agent for the Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. The Registered Agent for the Department of Health and Human Services is Julie Cronin.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 910-893-7547 (phone) or 910-718-0415 (fax).

Sincerely,

A handwritten signature in black ink, appearing to read 'REHS', is written over a horizontal line.

Signature of DHHS Authorized Agent

Revised For Pool

### Harnett County Environmental Health

File/Permit Number: BRES2406-0046

#### CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 9565-78-6778

Owner: Katherine Wilkinson Applicant: Katherine Wilkinson

Property Location: 25 Corner Ln (NC 27w)

Facility Type: 32'x76' DWMH

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\* \_\_\_\_\_ (Initial) 25% reduction (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: Existing gallons Total Trench/Bed Length: 200 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .6 gpd/ft<sup>2</sup> Usable Depth to LC (Initial)\*: 48 <sup>1</sup>Limiting condition

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth\*: 28 inches <sup>2</sup>Measured on the downhill side of the trench

Pump Tank Size (if applicable): 1000 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: \_\_\_\_\_

Artificial Drainage Required: Yes  No  If yes, please specify details: \_\_\_\_\_

**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 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 Expiration Date: 11-8-29

Authorized Agent's Signature: [Signature] Date: 11-8-24

\*See attached site sketch\*

# Harnett County Environmental Health

## SITE SKETCH

PIN 9565-78-6778

Permit Number BRES2406-0046

Katherine Wilkinson

Applicant's Name

Mark Osborne REHS

Authorized State Agent

Subdivision/Section/Lot Number

11-8-27

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

