

Harnett County Environmental Health**EXISTING SYSTEM APPROVAL**☒ Existing System Approval☒ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility☒ Construction Authorization/Notice of Intent to Construct*[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]**[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]*Applicant: Patrick RileyMailing Address: 49 River Ridge WayCity: Willow SpringState: NCZip: 27592Phone #: 919-805-1893Email: priley@investbedrock.comOwner: SAME

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Email: _____

PIN/Lot Identifier: 0548-91-4183Property Location/Address: 952 McNeill Hobbs Rd (SR 2072)Facility Type: ☐ House/Modular ☒ Mobile/Manufactured Home ☐ Business ☒ Other: Deck AdditionOperation Permit/ATO #: BRES2412-0015 Design Daily Flow: 480 GPDNumber of Bedrooms: 4 Max # Occupants: 8 Other: _____Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WastewaterWater Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other: _____Proposed Property Improvement: 10'x12' back deck

All the following must be checked for approval:

☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)☒ DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system☒ Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: _____

Inspector's Printed Name: Mark Osborne REHSInspector Certification #: 2613Inspector's Signature: Date: 10-13-25***The existing system approval expires one year after the date of issuance.*******See attached site sketch****

Harnett County Department of Public Health

PERMIT # Bras 2412-0015

Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: 952 McNeill Hobbs Rd (SR 2072)

Name: (owner) Patrick Riley

SUBDIVISION _____

LOT # _____

System Installer: B+L

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 4 (8 people)

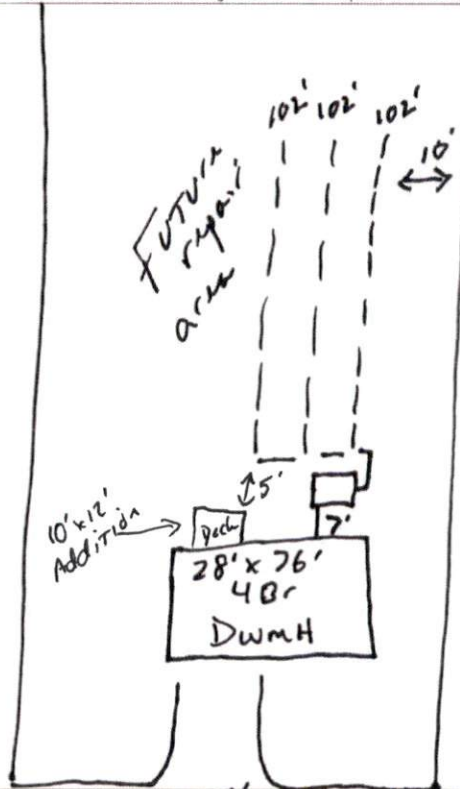
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: TYPE III Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes ☐ No ☒

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

☐ D-Box ☐ Pump ☐ Alarm ☐ H2O Line ☐ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other 25% reduction in Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of 3 exact length 102 feet width of 3 feet depth of 22 inches
Drainage Field ditches _____ of each ditch _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent

Moh R R E H

Date 5-8-25