

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM
PUSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Hamett

Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

41 Avents Creek Way Fuquay Varina NC 27526

* See attached Septic area

I, Tracy Polachek

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

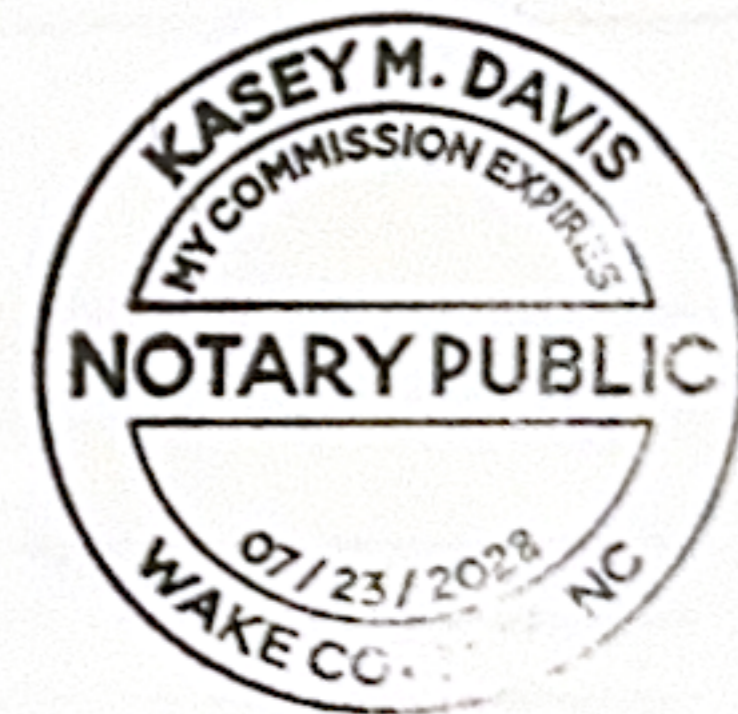
[Signature] 12/9/24
(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 9 day of December, 2024

Kasey M. Davis
Signature of Notary Public

Kasey M. Davis
Printed Name of Notary Public

My Commission Expires: 07/23/2028 (Notary Stamp or Seal)



Harnett County Department of Public Health

PERMIT # SFD 2208-0073

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 41 Avent's Way, Fuquay Varina

Name: (owner) New Home INC SUBDIVISION Wood Bridge South LOT # 17

System Installer: Jason Matthews

Basement with plumbing: Garage Number of Bedrooms 3

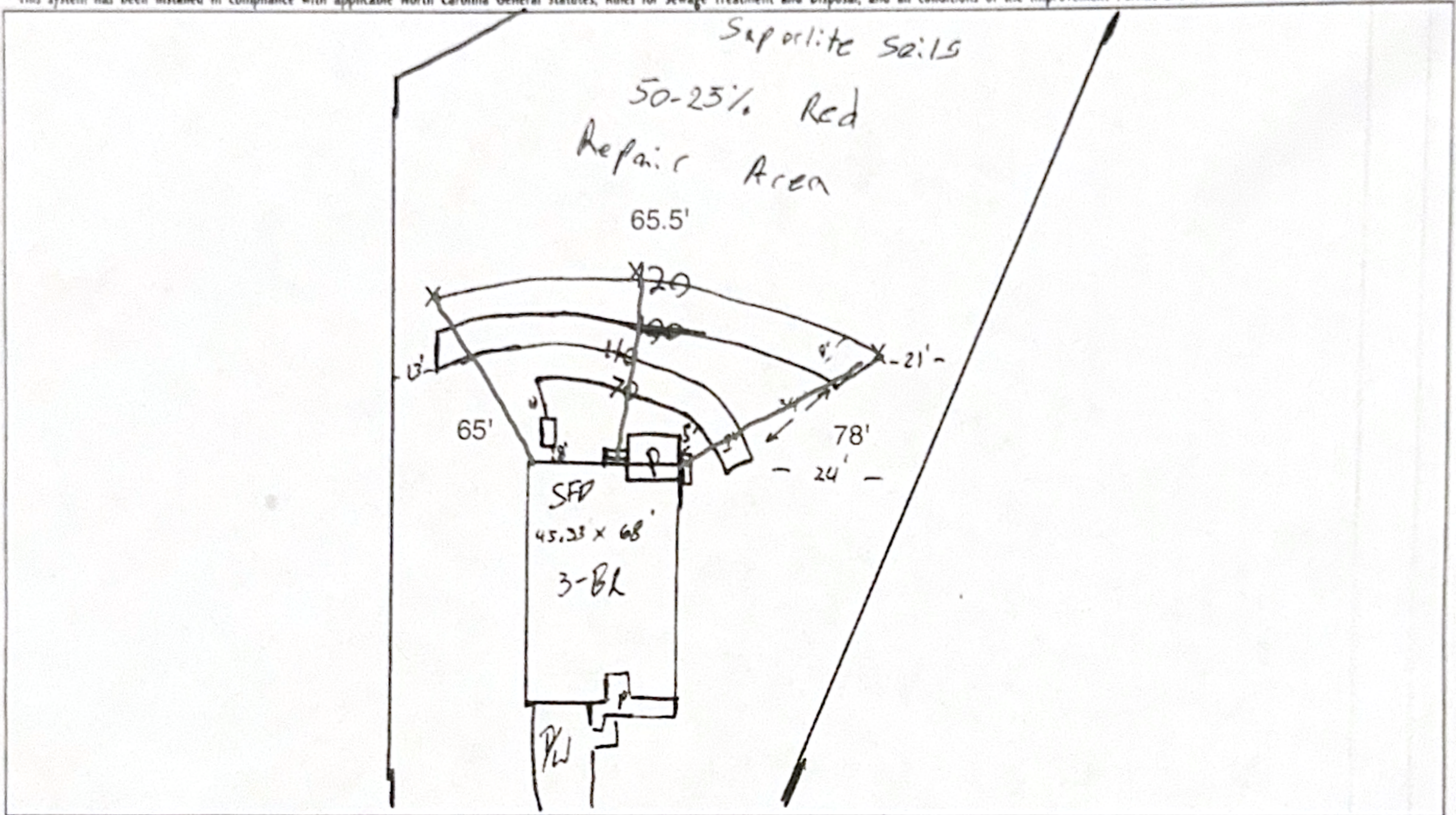
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% Reduction System EZFlow 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 System EZ Flow Septic Tank: 1,000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 400 feet width of ditches 3 feet depth of ditches 18" inches
French Drain Required: _____ Linear feet

Authorized State Agent James E. Markham Date 1-19-24