## Harnett County Environmental Health

**IMPROVEMENT PERMIT** 

File/Permit Number: Bres 2501-0062

| County: HarneTT   |
|---|
| PIN/Lot Identifier: 0601-10-7888  |
| Owner: Buck Womach Applicant: Buch Womach   |
| Property Location: 10319 old U.S. 421 (SQ 1291)   |
| Subdivision (if applicable)         Lot #:  |
| New System Relocation Change of Use   |
| Facility Type: 28'x48' DwmH   |
| Number of bedrooms: 3 Number of Occupants: 6 Other:   |
| Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater  |
| Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): Proposed LTAR (Repair):  |
| Proposed Wastewater System Type*: 25% reduc7101 (Initial) Pump Required: Yes No May be required   |
| Proposed Wastewater System Type*: 25 % / Lduc 7701 (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 ONO 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)*: Usable Depth to LC (Repair)*: 48   |
| Max. Trench Depth (Initial)*: 28 Max. Trench Depth (Repair)*: 28 * Measured on the downhill side of the trench                                  |
| Artificial Drainage Required: Yes No If yes, please specify details:  |
| 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:  |
|   |
|   |
|   |
| Authorized Agent's Printed Name: Mach Osboms REHI Expiration Date: 5-6-30   |
| Authorized Agent's Printed Name: MARL USBO MA 12EH)  Expiration Date: 5-6-36  Authorized Agent's Signature: Mal REHS  Date: 5-6-25              |
|   |
| *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. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> 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: Bres 2501-006   |
|---|
| CONSTRUCTION AUTHORIZATION  |
| County: TOTALTT PIN/Lot Identifier: 0601-10.7888  |
| Owner: Buck Womack Applicant: Buck Womack   |
| Property Location: 10319 old U.S. (121 (52 1291)  |
| Facility Type: 28'x48' DWMH   |
| Number of bedrooms: 3 Number of Occupants: 6 Other:   |
| New Expansion Repair System Relocation Change of Use  |
| Basement?   |
| Crawl Space? ☑ Yes ☐ No . Slab Foundation? ☐ Yes ☑ No .   |
| Type of Wastewater System* 25% (soluction (Initial) 25% (solution (Repair)  |
| *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII  |
| Design Daily Flow: 360 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 (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: 1000 gallons Total Trench/Bed Length: 180 feet Trench/Bed Spacing: 9 feet on center   |
| Trench/Bed Width: 36 inches LTAR: 5 gpd/ft² Usable Depth to LC (Initial)*: 48 xLimiting condition   |
| Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth <sup>‡</sup> : 28 inches * Measured on the downhill side of the trench  |
| Pump Tank Size (if applicable): 1000 gallons Requires more than one pump? Yes You   |
| 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:  |
| <u>Legal Agreements</u> (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. <i>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</i> 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 Oshoras REHI Expiration Date: 5-6-30  Authorized Agent's Signature: Mark NEHI Date: 5-6-25  |
| Authorized Agent's Signature: MA NEHJ Date: 5-6-25  |

## Harnett County Environmental Health

## SITE SKETCH

Permit Number Bres 2501-0062

Byck Womack

Applicant's Name Osborne REHS

Subdivision/Section/Lot Num
5-6-25

Subdivision/Section/Lot Number 5-6-25

Authorized State Agent

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 =  $\sqrt{T}$ 

