Harnett County Environmental Health

File/Permit Number: Bres 2503 .0071 IMPROVEMENT PERMIT 9563-95-6779 Subdivision (if applicable) ______ Expansion ____ System Relocation ____ 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): 6 Proposed LTAR (Repair): 6 Proposed Wastewater System Type*: 75% reduction (Initial) Pump Required: Yes No May be required Proposed Wastewater System Type*: 25 % reduction (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)*: 48 Usable Depth to LC (Repair)*: 48 ** Limiting Condition

Max. Trench Depth (Initial)*: 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: MARK Usborns REH Authorized Agent's Signature: *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: Bras 2503.	. 00
CONSTRUCTION AUTHORIZATION	
County: 400 PIN/Lot Identifier: 9563-95-6779	
Owner: Kimberly Morron Applicant: Kimberly Morron	
Property Location: 30 N. Forsy The La (SQ 1111)	
acility Type: 26' × 60' DwMN	
Number of bedrooms: 3 Number of Occupants: 6 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 (Initial) 25% reduction (F	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 Wastew	water
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:	
nstallation Requirements/Conditions	
Septic Tank Size: 1000 gallons Total Trench/Bed Length: 150 feet Trench/Bed Spacing: 9 feet on center	
French/Bed Width: 36 inches LTAR: 6 gpd/ft² Usable Depth to LC (Initial)x: 48 xLimiting condition	n
Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth [‡] : 28 inches * Measured on the downhill side of the tren	
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 Mo 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 accordar with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. To Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to complimith the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.	he
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Authorized Agent's Printed Name: Make Ishama REHI Expiration Date: 5-5-30 Authorized Agent's Signature: Make REHI Date: 5-5-25	

Harnett County Environmental Health

SITE SKETCH

PIN 9563-95-6778 Permit Number Bres 2503-0071

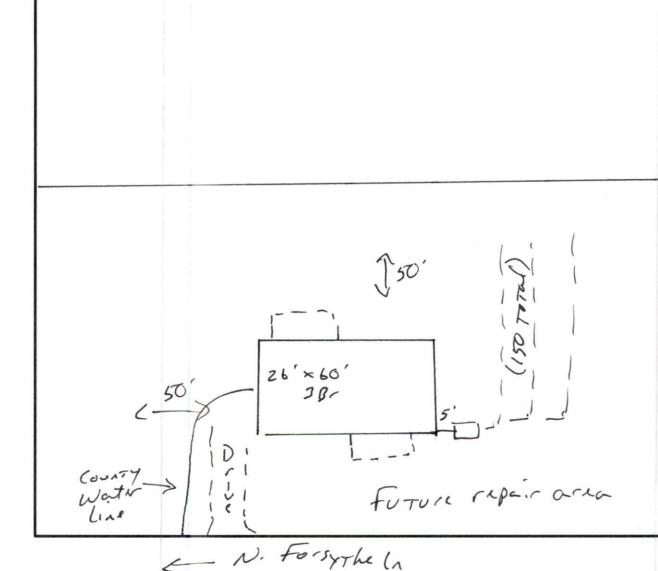
Kimberly Morron

Subdivision/Section/Lot Number 5.5.25

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 = $\mathcal{N}\mathcal{T}\mathcal{J}$



NCDHHS/DPH/EHS/OSWP