Harnett County Environmental Health

File/Permit Number: Bra, 2503 - 008/

IMPROVEMENT PERMIT PIN/Lot Identifier: 9563-75-6282 Subdivision (if applicable) Expansion System Relocation Change of Use Facility Type: 27'x56' Modular 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): -5 Proposed LTAR (Repair): -5 Proposed Wastewater System Type*: 25 % reduction (Initial) Pump Required: Yes No May be required Proposed Wastewater System Type*: 75% 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): Tes 🗹 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 (Repair)x: 48 x Limiting Condition Usable Depth to LC (Initial)*: 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: MADL OSborne REHY Expiration Date: 5-6-30 Authorized Agent's Signature: MAL OREHY 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.

NCDHHS/DPH/EHS/OSWP

Harnett County Environmental Health

		File/Permit Number: 13cz 2503-000
	CONSTRUCTION AUTHORIZATIO	N
County: HOMATT	PIN/Lot Identifier: 9563 - 75	-6282
Owner: Sean kane		een Kane
Property Location: 95 Hale	STORM (1 (12 1111)	
Facility Type: 27'×56'	modular	
Number of bedrooms: 3 Numb	er of Occupants: 6 Other:	
New Expansion	Repair System Relocation Cl	hange of Use
Basement? Yes	No Basement Fixtures? ☐ Yes	℃ No
Crawl Space? Yes	☐ No Slab Foundation? ☐ Yes	⊠ No 、
Type of Wastewater System* 25	Enceduction (Initial) 2	5% reduction (Repair)
*Please include system classification fo	or proposed wastewater system types in accordance with	Rule .1301 Table XXXII
Design Daily Flow: 360	GPD Wastewater Strength: ☑ Domestic ☐ H	igh Strength
Rule .0403(e) Engineering Design Utiliz (if yes, please provide engineering doc	zing Low-flow Fixtures and Low-flow Technologies (S.L. 20 umentation)	013-413 and 2014-120)? Yes No
Effluent Standard: DSE HSE	NSF/ANSI 40 TS-I TS-II RCW	
Type of Water Supply: Private well	Public well Shared well Municipal Sup	ply Spring Other:
Installation Requirements/Conditions	i	_
Septic Tank Size: 1000 gallons	Total Trench/Bed Length: 180 feet Trench/Bed	Spacing: 9 feet on center
Trench/Bed Width: <u>36</u> inches	LTAR:gpd/ft² Usable Depth to LC (In	nitial)x: 48 xLimiting condition
Soil Cover: 6 inches Slope Co	rrected Maximum Trench/Bed Depth † : 28 inches	[‡] 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 v	rs 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 "Ye	es" to any type of legal agreements, please attach a copy	of the agreement.)
Multi-party Agreement Required [Rule		
Easement, Right-of-Way, or Encroachr	ment Agreement Required [Rule .0204(d)]: Yes N	lo
Declaration of Restrictive Covenants:		onference Required: Yes No No
Management Entity Required: Yes	No Minimum O&M Requirements:	
Conditions:		
with the attached site sketch. <u>This Co</u> Construction Authorization shall not be	re incorporated by reference into this permit and shall be an	site plan, plat, or the intended use changes. The onstruction Authorization is subject to compliance
Authorized Agent's Printed Name:	Made Osbacas DEH	Expiration Date: 5.6-30
Authorized Agent's Signature:	Made Osborne REHS	Expiration Date: 5 '6-30 Date: 5 -6-25
	1 / 00	

Harnett County Environmental Health

SITE SKETCH

PIN 9563-75-6282	Permit Number <u>Bres</u> 2503 - 0081	
Sean Kana		
Applicant's Name Mark Osborne REH	Subdivision/Section/Lot Number 5 - 6 - 25	
Authorized State Agent	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.

