

HTE# 06-50013897

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 22810

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) BOONE TRAIL EMERGENCY SERVICES New Installation Septic Tank Repair

Property Location: SR# Hwy 421 Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Bay Firestation w/ 2 Employees Lot Size: 1 ACRE

Basement with Plumbing: Garage: (175sqft)

Water Supply: Well Public Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump To Conventional

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 3 ft. exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 3/3/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] RS (OLIVER TOLKSOEFF)
150' Environmental Health Specialist

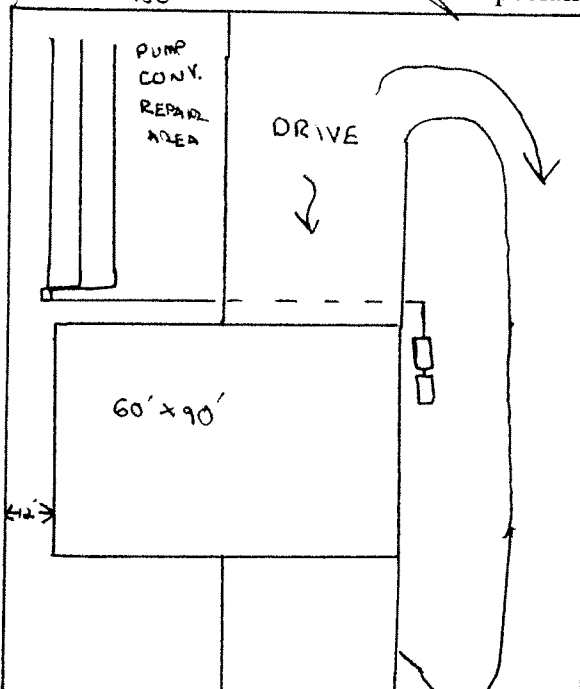
* MAINTAIN ALL SETBACKS

* PUMP LINE UNDER DRIVE MUST BE 36" DEEP OR SLEEVED W/ APPROPRIATE MATERIALS

* ALL CONDITIONS REQUIRED BY THE STATE MUST BE MET PRIOR TO THE ISSUANCE OF AN OPERATIONS PERMIT (SEE ATTACHED SHEET)

* CALL WITH ANY QUESTIONS 290' PRIOR TO INSTALLATION

* AN OIL WATER SEPARATOR IS REQUIRED



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22810. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

BOONE TRAIL EMERGENCY SERVICES 893-3750
Name Telephone #

PO BOX 411 MAMERS NC 27552
Address

HWY 421
Property Location SR# Road Name

3 BAY FLOCCULATION w/ 2 EMPLOYEES (175 sq ft) 1 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO CONVENTIONAL

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

[Signature]
Signature of Authorized Agent for Harnett County

3/3/08
Date

FIRE DEPARTMENT PERMITTING CRITERIA

This section provides the requirements for permitting fire stations using subsurface wastewater disposal systems.



1. A permanent sign (at least 8 inches by 11 inches) shall be conspicuously posted, with the following information:
 - a. prohibiting the discharge of oil, antifreeze, hydraulic fluid, solvents or any other potentially harmful chemicals into any floor drain, sink drain, shower or toilet.
 - b. prohibiting the servicing of equipment in any bay with a drain.
 - c. providing a contact person and phone number to notify in the case of a spill.

2. For Fire Departments which will not wash equipment in the bays, the following is required:
 - a. A letter to the Local Health Department from the Fire Chief (or equivalent) clearly stating:
 - I. Washing and servicing of equipment will not occur in the facility,
 - II. Absorbent materials shall be placed and maintained below any equipment leaking automotive fluids, and
 - III. Leaks shall not be washed down the floor drains.

 - b. An oil-water separator shall be installed to collect all wastewater from bay floor drains. The oil-water separator shall be a grease trap with 24-inch access manholes at or above grade over the inlet and outlet compartments, and with a sanitary tee that extends down at least 50 percent of the liquid depth. The oil-water separator shall have a capacity of at least 100 gallons per bay.

 - c. The drainfield capacity shall be increased by 25 gallons per day per bay with floor drain.

 - d. If an oil-water separator is installed the system is classified as a Vd system; however, the inspection frequency may be reduced to twice per year by the certified operator.

As provided by 15A NCAC 18A .1939 (7)(B), if the requirements listed above are met, then the system may be permitted by the local health department without review by the DEH On-site Wastewater Section. (At the health department's discretion review by the DEH On-site Wastewater Section may be required, even if all of the criteria listed above are met.)

3. For Fire Departments that will wash equipment in the bays, a Professional Engineer shall submit an Industrial Process Wastewater (IPWW) system application including plans and specifications to the DEH On-site Wastewater Section that meets the Exterior Vehicle Wash design criteria.

Division of Environmental Health - On-Site Wastewater Section
1642 Mail Service Center, Raleigh, North Carolina 27699-1642
Telephone 919-715-3270 FAX 919-715-3227 E-mail: joe.pearce@ncmail.net