

Harnett County Environmental Health

File/Permit Number: EH 2311-4503

CONSTRUCTION AUTHORIZATION

County: HARNETT PIN/Lot Identifier: _____

Owner: C MASON POB Applicant: _____

Property Location: 111 WILLOW Pond CT Lillington NC 27546

Facility Type: EX SFD

Number of bedrooms: 4 Number of Occupants: 8 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* _____ (Initial) 25% REDUCTION (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 480 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 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: _____

Installation Requirements/Conditions

Septic Tank Size: EX gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36" inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial)*: 28-30" *Limiting condition

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth*: 16-18" 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 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: _____

Legal Agreements (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: Contractor to meet on SETB prior to install

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. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. 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: JAMES E MANHART III RSHS Expiration Date: 5-1-29

Authorized Agent's Signature: James E Manhart III RSHS Date: 5-1-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number EH 2311-4503

C Mason PoE

Springfield Lot 6

Applicant's Name

Subdivision/Section/Lot Number

James E. Manhart *70ms*
Authorized State Agent

5-1-24

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.

Scale = _____

