

Harnett County Environmental Health

File/Permit Number: EH 2402-0003

CONSTRUCTION AUTHORIZATION

County: HARNETT PIN/Lot Identifier: _____

Owner: Kathryn L Hamby Applicant: Kathryn L Hamby

Property Location: 2141 OLD STAGS RD South Emswiler N.C. 28339

Facility Type: EX SFD

Number of bedrooms: 3 Number of Occupants: 6 Other: 2 people IN SFD AT MOMENT

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* TANK ONLY (Initial) TANK ONLY (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 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: 1200 gallons Total Trench/Bed Length: — feet Trench/Bed Spacing: — feet on center

Trench/Bed Width: — inches LTAR: — gpd/ft² Usable Depth to LC (Initial)*: — [^]Limiting condition

Soil Cover: — inches Slope Corrected Maximum Trench/Bed Depth†: — inches ^{*} Measured on the downhill side of the trench

Pump Tank Size (if applicable): — 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: _____

Septic Tank ONLY - Replacement

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 ^{REAS} Expiration Date: 2-9-29

Authorized Agent's Signature: James E Manhart III ^{REAS} Date: 2-9-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0588-57-6387.000

Permit Number EH 2402-0003

Kathryn L Hamby
Applicant's Name

Subdivision/Section/Lot Number
2-9-24

James E. Markland
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.

Scale = _____

