

Harnett County Environmental Health

File/Permit Number: EH 2403-0018

IMPROVEMENT PERMIT

County: Harnett
PIN/Lot Identifier: 9568-86-1150
Owner: Charles Hickman Applicant: Charles Hickman
Property Location: 3510 olivia Rd
Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____
New Expansion System Relocation Change of Use
Facility Type: Existing 4Br Home
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .4 Proposed LTAR (Repair): .4
Proposed Wastewater System Type*: 25% 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)*: 40 Usable Depth to LC (Repair)*: 40 *Limiting Condition
Max. Trench Depth (Initial)*: 26 Max. Trench Depth (Repair)*: 26 *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 Osborn REHS Expiration Date: 4-29-29
Authorized Agent's Signature: Mark Osborn REHS Date: 4-29-24

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: EH2403-0018

CONSTRUCTION AUTHORIZATION

County: HARNETT PIN/Lot Identifier: 9568-86-1150
Owner: Charles Hickman Applicant: Charles Hickman
Property Location: 3510 Olivia Rd
Facility Type: Existing House
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* 25% reduction (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: 1000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center
Trench/Bed Width: 36 inches LTAR: .4 gpd/ft² Usable Depth to LC (Initial)*: 40 *Limiting condition
Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth†: 26 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: _____

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: Mark Osborne REHS Expiration Date: 4-29-29

Authorized Agent's Signature: Mark Osborne REHS Date: 4-29-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 9568-86-1150

Permit Number EH2403-0618

Charles Hickman

Applicant's Name

Mark Osborne REHS/Mark Osborne REHS

Authorized State Agent

Subdivision/Section/Lot Number

4-29-24

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 = NTS

