

Revised

Harnett County Environmental Health

File/Permit Number: EH2404-0014

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: _____

Owner: Troy Thompson Applicant: Troy Thompson

Property Location: 4605 Ross 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* _____ (Initial) 250 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: Existing 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)*: 48 *Limiting condition
 Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth*: 30 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: 5-7-29
 Authorized Agent's Signature: Mark Osborne REHS Date: 5-7-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number EH24104-0014

Troy Thompson
Applicant's Name
Mark Osborne REHS / Mark Osborne REHS
Authorized State Agent

Subdivision/Section/Lot Number
5-7-24
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 = _____

