

Harnett County Environmental Health

File/Permit Number: EH2405-0011

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0652-48-2956.000
Owner: Denis & Kellie Boucher Applicant: Denis & Kellie Boucher
Property Location: 189 PORCH SWING LN FUQUAY-VARINA, NC 27526
Facility Type: Ex. SFD

Number of bedrooms: 3 Number of Occupants: 6 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* Ex. Conventional (Initial) --- (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: 1,000 gallons Total Trench/Bed Length: ---- feet Trench/Bed Spacing: 9' feet on center

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

Soil Cover: 6" 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: Ex. System

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 is to Replace the Septic TANK, Clear out Roots and Replace Any Crush Segments of Ex. Septic Drain Lines.

Septic Contractor is to Call Environmental Health if they have any questions or to discuss any further findings upon uncovering and repairing of the system.

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: Ren Levocz

Expiration Date: 6-14-29

Authorized Agent's Signature: 

Date: 6-14-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0652-48-2956.000

Permit Number EH2405-0011

Denis & Kellie Boucher

Applicant's Name

Authorized State Agent

Subdivision/Section/Lot Number

6-14-24

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

