

Harnett County Environmental Health

File/Permit Number: EH 2410-0008

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: _____

Owner: _____ Applicant: SUSAN ROSEAS

Property Location: 110 Zamble Falls Ln Erwin N.C.

Facility Type: EX SFD

Number of bedrooms: 3 Number of Occupants: 6 max 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 System (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: EX gallons Total Trench/Bed Length: 360 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .3-.25 gpd/ft² Usable Depth to LC (Initial)*: 32"-36" *Limiting condition

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth†: 15-16 max 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 onsite prior to install of repair.
Small beam to be installed 1ft along upper property line (Surface Water Diversion)

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 MARSHALL JR RSHS Expiration Date: 10-8-25

Authorized Agent's Signature: James E Marshall JR RSHS Date: 10-8-24

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number FH2910-0008

Susan Rogers

Wildwoods Lot 18

Applicant's Name

Subdivision/Section/Lot Number

James M. Rogers
Authorized State Agent

10-8-24

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 = _____

