

Harnett County Environmental Health

File/Permit Number: EH2411-0019

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: _____
Owner: _____ Applicant: Paulby Anderson
Property Location: 4119 US 401N F.V. N.C. 27526
Facility Type: EX SFD

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

- | | | | | |
|------------------------------|------------------------------------|--|--|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Expansion | <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> System Relocation | <input type="checkbox"/> Change of Use |
| Basement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Basement Fixtures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crawl Space? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Slab Foundation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Type of Wastewater System* _____ (Initial) TANK + DBOX Repair (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: 1000 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:
TANK + D-BOX ONLY

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 JR RSHS Expiration Date: 11-26-29
Authorized Agent's Signature: James E Manhart JR RSHS Date: 11-26-24

Harnett County Environmental Health

See attached site sketch

SITE SKETCH

PIN _____

Permit Number FH 2411-0019

Paulby Anderson
Applicant's Name

Subdivision/Section/Lot Number

James E. Mankin ~~JE~~ TRKS
Authorized State Agent

11-26-24

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 = _____

