Harnett County Environmental Health

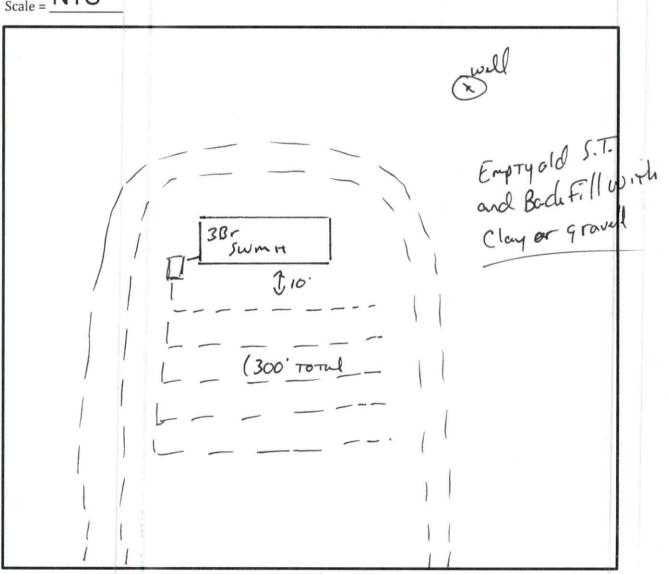
92.10	File/Permit Number: EH 2504-0007
	CONSTRUCTION AUTHORIZATION AUGUST
County: Harnett	PIN/Lot Identifier: 9691 - 64 - 5681
Owner: Phillip R. Pa	Tresson Applicant: Phillip & Patterson
Property Location: 620	tolly String Church Rd (SR 1273)
Facility Type: Swm	
Number of bedrooms: Nur	nber of Occupants: 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*	(Initial) 25% riduction (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 Ut (if yes, please provide engineering d	ilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? Yes Ocumentation
Effluent Standard: DSE	ISE NSF/ANSI 40 TS-I TS-II RCW
Type of Water Supply: 🔀 Private w	ell Public well Shared well Municipal Supply Spring Other:
Installation Requirements/Condition	ons .
Septic Tank Size: 1000 gallor	s Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center
Trench/Bed Width: _36 inche	s LTAR:3gpd/ft ² Usable Depth to LC (Initial) ^x :40 *Limiting condition
Soil Cover: 6 inches Slope	Corrected Maximum Trench/Bed Depth [‡] : <u>26</u> inches [‡] Measured on the downhill side of the trench
Pump Tank Size (if applicable): _/o	gallons Requires more than one pump? Yes No
Pump Requirements: ft. TDI	Hvs 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:
<u>Legal Agreements</u> (If the answer is	"Yes" to any type of legal agreements, please attach a copy of the agreement.)
Multi-party Agreement Required [R	ule .0204(g)]:
Easement, Right-of-Way, or Encroad	hment Agreement Required [Rule .0204(d)]: Yes No
Declaration of Restrictive Covenant	
Management Entity Required: \(\sum \)	es No Minimum O&M Requirements:
Conditions:	
with the attached site sketch. <u>This</u> Construction Authorization shall no	are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance <u>Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</u> The or be affected by a change in ownership of the site. This Construction Authorization is subject to compliance EE, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name:	Wark Osborne REHS
Authorized Agent's Signature:	Mark Osborne REHS Mah REHS Date: 4-22-30
	See attached site sketch

Harnett County Environmental Health

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PIN 9691-64-5681	Permit Number <u>EH 2504-0007</u>	
Phillip R. Patterson		
Applicant's Name	Subdivision/Section/Lot Number	
Mark Osborne REHS	4-22-25	
Authorized State Agent	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.



Holly Spring Church Rd