HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

	EMAIL ADDRESS: tagifik . t	layat Doutlook. Com
OWNER NAME Town fix Hayat	V	685-2576
PHYSICAL ADDRESS 150 Shelby Meadow C	'n Angier Ne 25	7501
MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL)	same As Physical	address
IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME		
Honey Cutt Hills 43 SUBDIVISION NAME LOT #/TRACT #	STATE RD/HWY	O · 65 7 AC SIZE OF LOT/TRACT
Type of Dwelling: [] Modular [] Mobile Home [] Stick	built []Other	
Number of bedrooms [] Basement		
Garage: Yes [No [] Dishwasher: Yes [No []	Garbag	e Disposal: Yes [] No 🗸
Water Supply: [] Private Well [] Community System	(V County	
Directions from Lillington to your site:	ne Pius Harnertt Blad	fum left onto
NC-210 N/N Main Street, turn left on	ito James Morris Ra	Lorn left
onto Shelby Medowla, 150 Shelby		
 In order for Environmental Health to help you with your repair, A "surveyed and recorded map" and "deed to your property" wells on the property by showing on your survey map. The outlet end of the tank and the distribution box will need to uncovered, property lines flagged, underground utilities marked us at 910-893-7547 to confirm that your site is ready for evaluation of the Improvement of the Improvement (Whichever is applicable.) 	must be attached to this application be uncovered and property lines ed, and the orange sign has been puation.	flagged. After the tank is blaced, you will need to call
By signing below, I certify that all of the above information is correct the denial of the permit. The permit is subject to revocation if the site	The second secon	

Owner Signature

HOMEOWNER INTERVIEW FORM

ossible	e, and answer all questions to the best of your ability. Thank You.
ave yo Iso, w	ou received a violation letter for a failing system from our office? []YES [/]NO ithin the last 5 years have you completed an application for repair for this site? []YES [/]NO
ear honstalle eptical esigne	r of system
	Number of people who live in house? # adults # children # total What is your average estimated daily water usage? gallons/month or day county water. If HCPU please give the name the bill is listed in
4. 5. 6.	If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped?
9.	Do you use an "in tank" toilet bowl sanitizer? [] YES [NO Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES [NO If yes please list Do you put household cleaning chemicals down the drain? [] YES [NO If so, what kind?
11.	Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [NO NO NO NO NO NO NO NO
14.	Do you have an underground lawn watering system? [] YES [V] NO Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list
15.	Are there any underground utilities on your lot? Please check all that apply: [[\int] Power [] Phone [\int] Cable [\int] Gas [\int] Water
	Describe what is happening when you are having problems with your septic system, and when was this first noticed? Water leaks in the drainage Fied. hole with dity water in it
	Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [] YES [] NO If Yes, please list

Harnett County Department of Public Health

PERMIT # SFD 2403-0054 Operation Permit
New Installation
Name: (owner) DLB Homes SUBDIVISION Honey Cutt H:115 LOT # 43
System Installer: CN m Plumbing
Basement with plumbing: Garage Number of Bedrooms
Type of Water Supply: Community Public Well Distance from well feet System Type: 25 % Reduction Type TILCS Technology V and VI Systems expire in 5 years.
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
* Multiple Error were corrected During Final Inspection. 237/ 01
Final Inspection.
- Ked
* Was Installed In wet conditions - Report
Area -
7 2017
2
720
1 14
<u>#</u>
SFD L'/S
4-82
12'
70.
37' (1)
PERMIT CONDITIONS:
I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Shortby mexical LM
III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required? Yes 🗆 No 🗆
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Type TH C3) Factoring Septic Tank: 1,000 gallons Pump Tank: gallons
Subsurface No of exact length width of dark of
Drainage Field ditches of each ditch 346 feet ditches 3 feet ditches 18-24 inches
French Drain Required: Linear feet
Authorized State Agent Ma DEHS Date 8-6-24
Authorized State Agent No. REHS Date 8-6-24

Harnett County Environmental Health

	File/Permit Number: SFD2403-0054
IMPROVEMENT PE	
County: Harnett	
PIN/Lot Identifier: 0663-71-0372.000 Lot 43	
Owner: DRB Homes NC LLC Applic	ant: DRB Homes NC LLC
Property Location: 150 SHELBY MEADOW LN ANGIER, NC 27501	
Subdivision (if applicable)Lot	#: 43 Block: Section:
New ■ Expansion ☐ System Relocat	ion Change of Use
Facility Type: SFD 39' x 50'	
Number of bedrooms: 4 Number of Occupants: 8 Other:	
	☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial):	
Proposed Wastewater System Type*: 25% Reduction System (Initia	al) Pump Required: Yes No May be required
Proposed Wastewater System Type*: 25% Reduction System (Rep	air) Pump Required: Yes No May be required
*Please include system classification for proposed wastewater system types in accord	lance with Rule .1301 Table XXXII
Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II	RCW
Saprolite System (Initial): 🗌 Yes 🔳 No Saprolite System (Repair): 🗎 Yes	■ No
Fill System (Initial): \square Yes \blacksquare No If yes, specify: \square New \square Existing (when additional contents).	ng more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): 🗌 Yes 🔳 No If yes, specify: 🔲 New 🔲 Existing (when add	ing more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 36" Usable Depth to LC (Repair)*: 18"-24" Max. Trench Depth (Repair)*: 18"-24"	ir)x: 36" x Limiting Condition
Max. Trench Depth (Initial) [‡] : 18"-24" Max. Trench Depth (Repair) [‡] : 18"-	[‡] Measured on the downhill side of the trench
Artificial Drainage Required: Tes In No If yes, please specify details:	
Type of Water Supply: Private well Public well Shared well Mun	icipal Supply Spring Other:
Drainfield location meets requirements of Rule .0508: Yes 🔳 No 🗌 Drainfield I	ocation meets requirements of Rule .0601: Yes 🔳 No 🗌
Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)]	No expiration [plat submitted pursuant to GS 130A-334(7a)]
Permit conditions:	
No Foundation or Gutter Drains to be Directed Towards	Septic System
No Grading or Cutting of Soil in Septic Area or Septic Re	
Highest Possible Point to Avoid Needing a Pump	
Dayle	
Authorized Agent's Printed Name: Ren Levocz	Expiration Date: 4-18-29
Authorized Agent's Signature: Lu Sp AEHS	Date: 4-18-24
See attached site ske	etch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

Harnett County Environmental Health

				File/Permit Number:	SFD2403-0054
		CONS	TRUCTION AUTHORI		
County: Harnett			ot Identifier: 0663-71-03		
Owner: DRB Ho	mes NC LLC	,	Applica	nt: DRB Homes NC LLC	
Property Location:	150 SHELBY M	IEADOW LN AN	GIER, NC 27501		
Facility Type: SFE					
		er of Occupants: 8			
New			System Relocation		
		N	Basement Fixtures?		
			Slab Foundation?		
-	the state of the s	Alexander and the second second	m (Initial)	25% Reduction System	(Repair)
				nce with Rule .1301 Table XXXII	
Design Daily Flow:	100		er Strength: Domestic		trial Process Wastewater
		ring Low-flow Fixture		es (S.L. 2013-413 and 2014-120)? [Yes No
Effluent Standard:	■ DSE ☐ HSE	NSF/ANSI 40	TS-I TS-II R	cw	
Type of Water Sup	ply: Private well	Public well	Shared well Munic	cipal Supply Spring Oth	her:
Installation Requir	rements/Conditions	i			
Trench/Bed Width	: 36" inches	LTAR: .35	gpd/ft ² Usable Depth	nch/Bed Spacing: 9' feet on central feet on the down	*Limiting condition
			Requires more than one pu		iniii side oj the trench
			Grease Trap Size (if applica		
					hambers & 2 end caps each)
				LPP Other: 3 -86' lines (21 o	
			gal agreements, please attac		
	ment Required (Rule	1.00 0.00	1 (10)	n a copy of the agreement.)	
			quired [Rule .0204(d)]:	or \square No	
	trictive Covenants:		_	es	No ■
			O&M Requirements:	iction conference Required: Tes [] 140 🔳
		The same of the sa	Directed Towards Sept	ic System	
			Septic Repair Area		
			e Point to Avoid Needin	g a Pump	
with the attached Construction Author	site sketch. <u>This Co</u> orization shall not b	nstruction Authoriz be affected by a cha	ation is subject to revocation is subject to revocation in ge in ownership of the site	od shall be met. Systems shall be in in if the site plan, plat, or the intent. This Construction Authorization the conditions of this permit.	ded use changes. The
Authorized Agent's	Printed Name: Re	n Levocz		Expiration Date: 4-18-29	3
Authorized Agent's	s Signature:	NA	REHS	Date: 4-18-24	

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

0663-71-0372.000

Permit Number SFD2403-0054

DRB Homes NC LLC

LOT#43 HONEYCUTT HILLS

Applicant's Name

Subdivision/Section/Lot Number

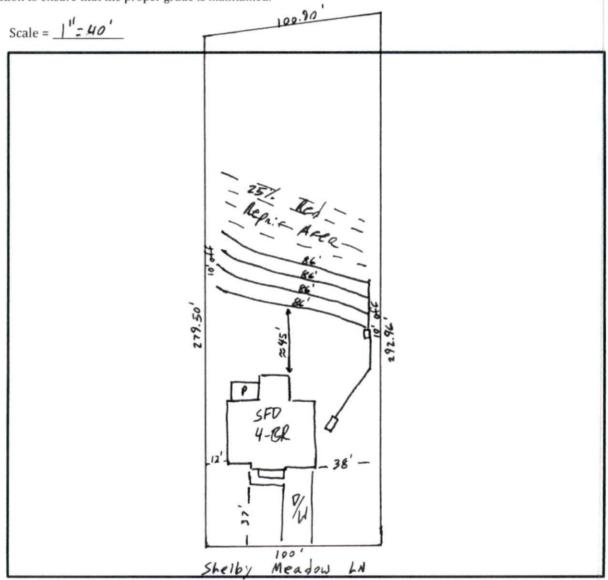
Ne for REHS

4-18-24

Date

Authorized State Agent

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.



PROPERTY ID #: SFP 2403-005
COUNTY: Hacce+f

${\bf SOIL/SITE\ EVALUATION\ for\ ON-SITE\ WASTEWATER\ SYSTEM}$

PROP	ER: DLB F ESS: J50 OSED FACILITY TION OF SITE:	lomes Shelby SFD	Meadow PR	(Complete all I		480	PROP	ERTY SIZE		-17.2
WATE			gle Family Well		Spring Oth PE OF WASTE	er_ WATER: <	WATE		SETBACK:	IPWW
P R O F			SOIL MO	RPHOLOGY	отнен	R PROFIL	E FACTO	E FACTORS		
L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRE CTION
1,2/3	2%	0.30 30-38 38-48	SCL, 58K CL	F#, 55, NP, SE	7.5/K	4811			.4	
4:50	2 % US	0-14 14-38 38-48	3L SCL, 5BK CL	Fr, SS, Np, SE	7.5/R 11=38"	48"			. 35	
6	2 ½ L5	9-25 25-38 38-48	56 Sel, 58K Cl	Fr,35, Ap/SE	7.57K 7/1=38"	481	,		.4	
7	2%	0-12 12-36 36-48	SL SCL, SBK U	FI,55, NA,5É	7/1=36"	48"			.35	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	-		SITE CLASSIFICATION (.0509):
System Type(s)	25%, Red	25%. Red	EVALUATED BY: LL
Site LTAR	.35	.35	OTHER(S) PRESENT:
Maximum Trench Depth	1817-24"	1811-241	
Comments:			

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE			
CC (Concave slope)		S (Sand)		0.6 - 0.8		MOIST	WET	SG (Single grain)			
CV (Convex Slope)	'	LS (Loamy sand)	0.8 - 1.2	0.5 -0.7	0.4 -0.6	Lo (Loose)	NS (Non-sticky)	M (Massive)			
D (Drainage way)		SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)			
FP (Flood plain)		L (Loam)	59315955 (5969955)	0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)			
FS (Foot slope)	III	SiL (Silt loam)		0.1 - 0.3		FI (Firm)	VS (Very sticky)	ABK (Angular blocky)			
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)			
L (Linear Slope)		CL (Clay loam)	0.3 - 0.6		0.15 - 0.3	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)			
N (Nose slope)		SiCL (Silty clay loam)						P (Plastic)			
R (Ridge/summit)		Si (Silt)		None			VP (Very plastic)				
S (Shoulder slope)		SC (Sandy clay)							SEXP (Slightly expansive)		
T (Terrace)	IV	SiC (Silty clay)	0.1 - 0.4		0.05 - 0.2	EXP (Expansive)					
TS (Toe Slope)		C (Clay)									
		O (Organic)	None								

HORIZON DEPTH DEPTH OF FILL

In inches below natural soil surface In inches from land surface

RESTRICTIVE HORIZON

Thickness and depth from land surface

SAPROLITE SOIL WETNESS S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits. Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions

 ^{*} Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
 **Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

