Harnett County Environmental Health

File/Permit Number: STD 27210 - 0031

IMPROVEMENT PERMIT

| County: HAIZWETT |
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| PIN/Lot Identifier: |
| Owner: Applicant: Scott Rhodes Brelding INC |
| Property Location: Hwy 55 to 354 Possiter Crack Dr Angren N.C. 275010 |
| Subdivision (if applicable) Possitens Curk Lot #: Block: Section: |
| New 🗹 Expansion 🗌 System Relocation 🗍 Change of Use 🗍 |
| Facility Type: |
| Number of bedrooms: $\underline{\mathcal{A}}$ Number of Occupants: $\underline{\mathcal{S}}$ Other: |
| Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater |
| Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 4 Proposed LTAR (Repair): 435 |
| Proposed Wastewater System Type*: 25% REDUCTION (Initial) Pump Required: Yes No May be required |
| Proposed Wastewater System Type*: <u>25% でもいいてい</u> (Repair) Pump Required: Yes No May be required |
| *Please include system classification for proposed wastewater system types in accordance 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): 🗌 Yes 🗹 Noy If yes, specify: 🔲 New 🔲 Existing (when adding more than 6 inches of fill to system area provide a fill plan) |
| Fill System (Repair): 🗌 Yes 🚺 No If yes, specify: 🔲 New 🔲 Existing (when adding more than 6 inches of fill to system area provide a fill plan |
| Usable Depth to LC (Initial) ^x : |
| Max. Trench Depth (Initial) [‡] : |
| Artificial Drainage Required: Yes 🗹 No If yes, please specify details: |
| Type of Water Supply: 📝 Private well 🗌 Public well 📗 Shared well 🔲 Municipal Supply 🔲 Spring 🔲 Other: |
| Drainfield location meets requirements of Rule .0508: Yes 🔲 No 🔲 Drainfield location 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: |
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| TO SE MAIL FOR DENS |
| Authorized Agent's Printed Name: JAMES & MANAGE RENS Expiration Date: 4-5-29 |
| Authorized Agent's Signature: Date: 4-5-24 |
| *See attached site sketch* |

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: ADZZIO- 083 |
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| CONSTRUCTION AUTHORIZATION |
| County: HAZNEII PIN/Lot Identifier: |
| Owner: Applicant: Scott Thodes Buldery The Property Location: Huy 55 to 354 Posters Creek |
| Property Location: Huy 55 to 354 Portens Creek |
| Facility Type: 5PD |
| Number of bedrooms: 4 Number of Occupants: 8 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* 25% REDUCTION (Initial) 25% REDUCTION (Repa |
| *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII |
| Design Daily Flow: 480 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 (if yes, please provide engineering documentation) |
| Effluent Standard: DSF 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: 300 feet Trench/Bed Spacing: 9 feet on center |
| Trench/Bed Width: 36 inches LTAR: 4 gpd/ft² Usable Depth to LC (Initial)x: 36 xLimiting condition |
| Soil Cover: inches |
| Pump Tank Size (if applicable): gallons Requires more than one pump? |
| 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: |
| |
| |
| 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: Authorized Agent's Signature: Authorized Agent's Signature: |
| Authorized Agent's Printed Name: JAMES E MANHAR Expiration Date: 4-5-29 Authorized Agent's Signature: Manhar Expiration Date: 4-5-29 Date: 4-5-29 |
| *See attached site sketch* |

Harnett County Environmental Health

SITE SKETCH

| PIN | Permit Number <u>SF1> 2210 - 0031</u> | |
|---------------------------------|--|--|
| Scott Phodes Bushing INC | POINERS CLECK COX5 | |
| Applicant's Name Markan Fairens | Subdivision/Section/Lot Number | |
| 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.

Scale = _____