

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number SFD 2210-0031

Scott Rhodes Buckling, INC
Applicant's Name

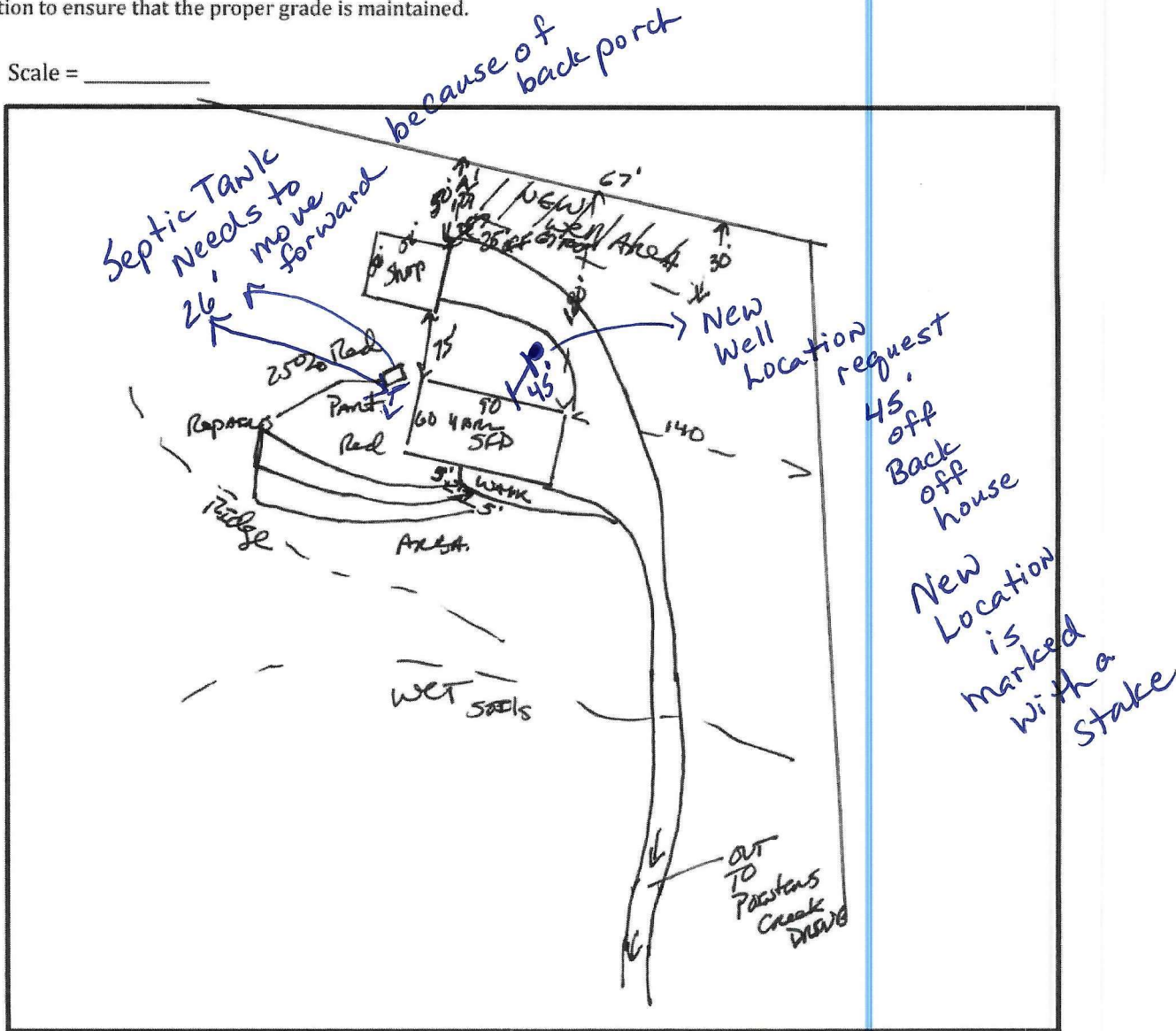
Pointers Creek Lot 5
Subdivision/Section/Lot Number

James C. Manhart
Authorized State Agent

4-5-24
Date

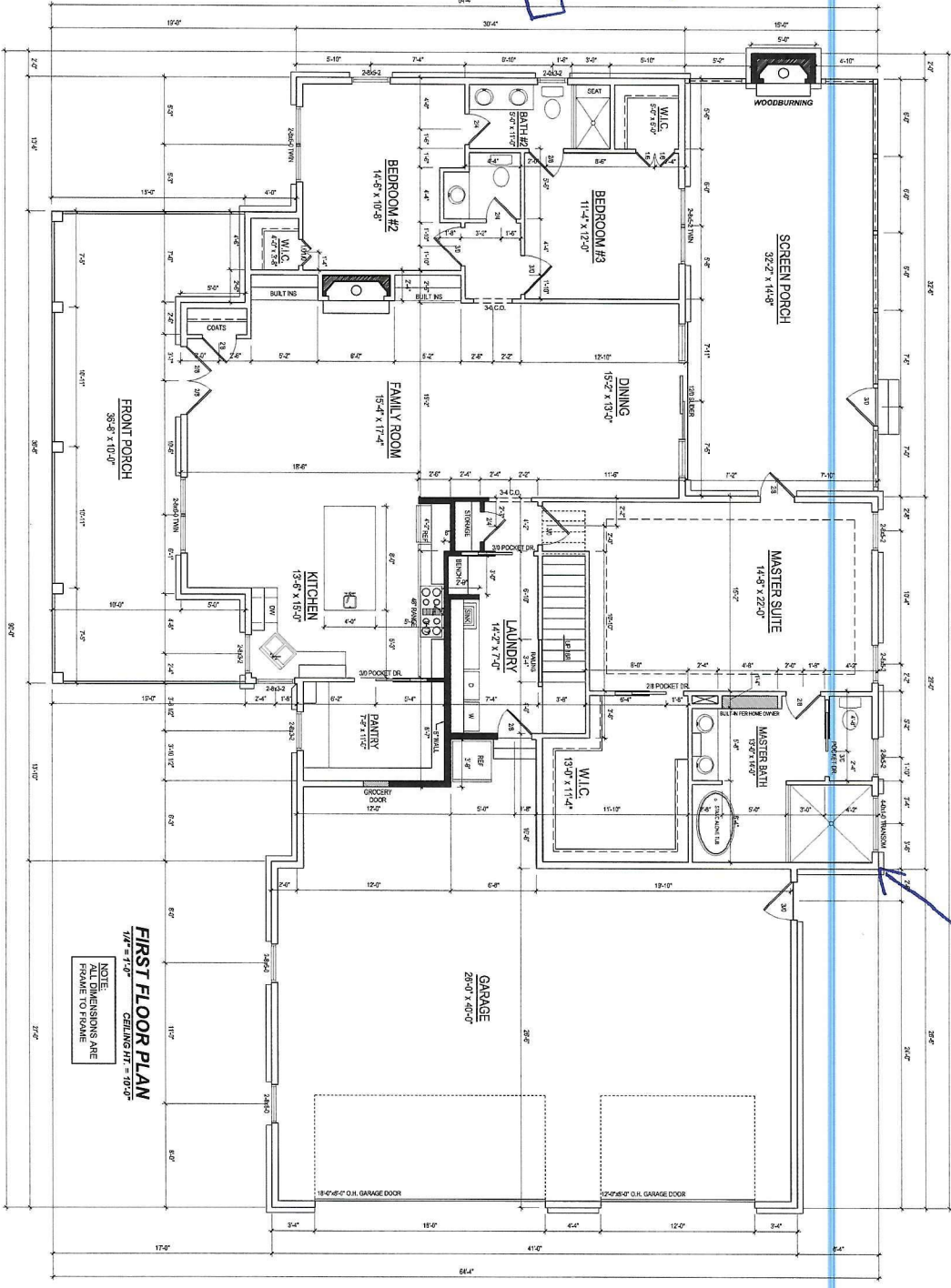
System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = _____



- 1) Request to relocate well:
See New location in blue on map
- 2) Request to relocate septic tank:

Request for
New Location
Septic Tank



45'
* New Location for Well

Sheet Number
2
of 3

Client Name
Doug & Nancy Fleming
345 Pointer Creek Dr.
Angier, NC 27501

Project Name
Fleming Residence



9101 Ten-Ten Rd.
Raleigh, NC 27603
Office: (919) 302-0693

Email: Kent@KandAHomeDesigns.com Website: www.KandAHomeDesigns.com

NO.	DATE	REVISIONS

DATE	BY	DESCRIPTION
2/23/2016		
11/27/23		
1/4/24		
1/4/24		



CRAWL SPACE VENTILATION CALCULATIONS

-VENT LOCATIONS MAY VARY FROM THESE SECTIONS IF PLAN IS NOT TO PREVENT DEAD AIR POCKETS
 -DO NOT VAPOR BARRIERS MUST BE PROVIDED WITH 1/2" MIN. LAP JOINTS

-THE TOTAL AREA OF VENTILATION OPENINGS MAY BE REDUCED TO 0.7580 VENTILATION TO THE SPACE. THE INSTALLATION OF OPERABLE WINDOWS SHALL NOT BE PROHIBITED. (COMPLY WITH MIN. CODE MIN. WITH REGARD TO VENT PLACEMENT FROM COMBUST)

2109 SQ. FT. OF CRAWL SPACE/1500

1.84 SQ. FT. OF REQUIRED VENTILATION

PROVIDED BY: 4 VENTS @ 0.46 SQ. FT. NET FLOOR VENTILATION EACH= 1.80 SQ. FT. OF VENTILATION

**FOUNDATION DRAINAGE- WATER FOOTING PER SECTIONS 606 & 606C.

ATTIC VENTILATION CALCULATIONS

-CALCULATE PROVISIONS PER 909. ARE BASED ON VENTILATION USED AT LEAST 1 FT. ABOVE THE CORNER VENTS WITH THE BALANCE OF VENTILATION PROVIDED BY EAVE VENTS
 -CANTERVAL GUTTERS SHALL HAVE A MIN. 1" CLEARANCE BETWEEN THE BOTTOM OF THE ROOF DECK AND THE INSULATION.

4572 SQ. FT. OF ATTIC/300= 15.24 EACH OF INLET AND OUTLET REQUIRED.

SMALL AND ROOF FLASHING DESIGN DETAILS

- WALL FLASHINGS DISIGNED PER A 3/4 SQ. FT. OR GREATER POSITIVE AND NEGATIVE MESSAGE.
- ROOF FLASHING BOTH POSITIVE AND NEGATIVE SHALL BE AS FOLLOWS:
 45.1 LBS. PER SQ. FT. FOR ROOF PITCHES OF 1/2 TO 1.25/12
 34.9 LBS. PER SQ. FT. FOR ROOF PITCHES OF 1.25 TO 2.5/12
 21.1 LBS. PER SQ. FT. FOR ROOF PITCHES OF 2.5 TO 12/12
- **MINIMUM ROOF DRAINAGE SLOPE

GENERAL NOTES:

1. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL DIMENSIONS, ROOF PITCHES, AND SQUARE FOOTAGE IS CORRECT. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DIMENSIONING, ROOF PITCH, OR SQUARE FOOTAGE ERRORS ONCE CONSTRUCTION BEGINS.
2. ALL WALLS SHOWN ON THE FLOOR PLANS ARE DRAWN AT 4" UNLESS NOTED OTHERWISE.
3. ALL WINDOW WALLS SHOWN ON THE PLANS ARE 40 DEGREES UNLESS BUILDING CODE REQUIREMENTS.
4. STUD WALL DESIGN SHALL CONFORM TO ALL NORTH CAROLINA STATE BUILDING CODE REQUIREMENTS.
5. DO NOT SCALE PLANS. DRAWING SCALE MAY BE DISTORTED DUE TO COMPUTER IMPRESSIONS.
6. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH NORTH CAROLINA STATE'S BUILDING CODE, 2015 EDITION.

SQUARE FOOTAGE

HEATED SQUARE FOOTAGE	UNHEATED SQUARE FOOTAGE
FIRST FLOOR** 249	GARAGE** 122
SECOND FLOOR** 212	FRONT PORCH** 42
THIRD FLOOR** N/A	REAR PORCH** 48
BASEMENT** N/A	DICES** N/A
	STORAGE** 80

TOTAL HEATED= 461

TOTAL UNHEATED= 148

FRONT ELEVATION
1/8" = 1'-0"

REAR ELEVATION
1/8" = 1'-0"

LEFT ELEVATION
1/8" = 1'-0"

RIGHT ELEVATION
1/8" = 1'-0"

Client Name: **Doug & Nancy Fleming**
 345 Pointer Creek Dr.
 Angier, NC 27501

Client Name: **Fleming Residence**

K&A HOME DESIGN INC.

9101 Ten-Ten Rd.
 Raleigh, NC 27603
 Office: (919) 302-0693

NO.	DATE	REVISIONS

DATE: 2/25/20
TIME: 11:27:23
USER: K&A
SCALE: REFER TO ELEV.

Harnett County Environmental Health

File/Permit Number: SFD 2210-0031

IMPROVEMENT PERMIT

County: HARNETT

PIN/Lot Identifier: _____

Owner: _____

Applicant: SCOTT RHODES BUILDING INC

Property Location: Hwy 55 to 354 Posstons Creek Dr Anglen N.C. 27501

Subdivision (if applicable) Posstons Creek Lot #: 5 Block: _____ Section: _____

New Expansion System Relocation Change of Use

Facility Type: SFD

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .4 Proposed LTAR (Repair): .4-.35

Proposed Wastewater System Type*: 25% REDUCTION (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type*: 25% REDUCTION (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 No 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)*: 36" + Usable Depth to LC (Repair)*: 36" + * Limiting Condition

Max. Trench Depth (Initial)*: 24" Max. Trench Depth (Repair)*: 24" max * Measured on the downhill side of the trench

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:

Authorized Agent's Printed Name: JAMES E MANHAN JR REHS

Expiration Date: 4-5-29

Authorized Agent's Signature: James E Manhan Jr REHS

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. This permit is subject to revocation if the site plan, plat, or the intended use changes. 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: FD2210-0031

CONSTRUCTION AUTHORIZATION

County: HARNETT PIN/Lot Identifier: _____

Owner: _____ Applicant: Scott Rhodes Building Inc

Property Location: Hwy 55 to 354 Porters Creek

Facility Type: SFD

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 (Repair)

**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 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: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .4 gpd/ft² Usable Depth to LC (Initial)*: 36" **Limiting condition*

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth*: 24 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: _____

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. REHS Expiration Date: 4-5-29

Authorized Agent's Signature: James E. Manhart JR. REHS Date: 4-5-24

See attached site sketch