

App# SFD 2310-0001

## Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 1024 W Blackman Rd

ISSUED TO: Autumn Tiffany Michelle Blackman

SUBDIVISION \_\_\_\_\_

LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION

Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: SFD 60' x 60'

Proposed Wastewater System Type: 25% RBM U/LW

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 max

Basement  Yes  No

Pump Required:  Yes  No  May be required based on final location and elevations of facilities

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

Permit valid for:

Five years  
 No expiration

Permit conditions: \_\_\_\_\_

Authorized State Agent: \_\_\_\_\_

James E. Marshall ID# RB48

Date: 10-24-23

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department 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 site 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

# Harnett County Environmental Health

File/Permit Number: SFD 2310-0001

## CONSTRUCTION AUTHORIZATION

County: HARNETT PIN/Lot Identifier: \_\_\_\_\_  
Owner: Michael + Tiffany Blackman Applicant: Pride Custom Homes INC  
Property Location: 511781 W Blackman RD 1024 W. Blackman RD DOWNS N.C. 28334  
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% REVISION (Initial) 50% REVISION (PPBS) (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: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .3 gpd/ft<sup>2</sup> Usable Depth to LC (Initial)\*: 28"-30" \*Limiting condition

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth: 12-18 inches \*Measured on the downhill side of the trench

Pump Tank Size (if applicable): 1000 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: Contractor to meet onsite prior to install  
MAY HAVE TO USE 50% RSD DRAIN LINES BECAUSE OF  
AVAILABLE SPACE FOR 25% INT + 50% REPAIR

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 III RBAS Expiration Date: 3-1-29

Authorized Agent's Signature: James E Manhart III RBAS Date: 3-1-24

\*See attached site sketch\*

# Harnett County Environmental Health

## SITE SKETCH

PIN \_\_\_\_\_

Permit Number SFD 2310 - 0001

Prick Custom Homes Inc

Applicant's Name

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 = \_\_\_\_\_

*Contractor to meet ON SITE prior to INSTALL*

