

# Harnett County Environmental Health

## NOTICE OF INTENT TO REVOKE IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION (specify)

3-21-24  
(Date)

Owner: Smith Douglas Homes  
Street Address: 360 Liam Dr, Broadway NC 27505  
City/Zip Code: Broadway 27505

Subject: Notice of Intent to Revoke SFD 2401-0014 (specify name/location) Improvement Permit/Construction Authorization (specify)

Dear Smith Douglas Homes :  
Owner or Owner's Representative

The Harnett County health department inspected the site for the on-site wastewater system located at 360 Liam Drive, Broadway for compliance with General Statutes 130A-334 to 345, 15A NCAC 18E, and Improvement Permit/Construction Authorization IPAC/SFD 2401-0014 conditions.  
Physical Address Permit Type and Number

As a result of this inspection, the Department has determined the following violations:

<u>Violation(s)</u>	<u>Law or Rule Citation(s)</u>
<u>Client switched to LSS permit</u>	

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the Health Department determines that all the violations have been corrected before 30 days expire, the revocation will not go into effect. If the corrections are not made before 30 days and the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization (specify) and meet the requirements of the current laws and rules necessary to obtain a new Improvement Permit/Construction Authorization (specify).

**You have a right to an informal review of this decision.** You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Services' Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

**You also have a right to a formal appeal of this decision.** To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New Hope Church Rd, Raleigh, NC 27609. You may write the Office of Administrative Hearings, call the office at 984-236-1850, or get a copy of the petition form from the OAH web site at <http://www.oah.nc.gov>. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24

and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER**. The date of this letter is **XXX XX, XXXX**. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, **you are required** by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

**Do not serve the petition on your local health department.** Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, Department of Health and Human Services.

You may contact our office at 910-893-7547 (phone) or M Osborne @ (email).  
*harnett.019*

Sincerely,

  
\_\_\_\_\_  
Signature of Authorized Agent

# Harnett County Environmental Health

File/Permit Number: SFD2401-0014

## IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: 9681-61-1975

Owner: Smith Douglas Homes

Applicant: Jenn Davis

Property Location: 360 Liam Dr (SR 1279)

Subdivision (if applicable) Harrington PI Lot #: 20 Block: \_\_\_\_\_ Section: \_\_\_\_\_

New  Expansion  System Relocation  Change of Use

Facility Type: 38'x58' SFD

Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_

Design Wastewater Strength:  Domestic  High Strength  Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .4 Proposed LTAR (Repair): .4

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" \* Measured on the downhill side of the trench

Artificial Drainage Required:  Yes  No If yes, please specify details: Curtain drain above entire drain field

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:

**NO Gutter or Foundation Drains shall empty onto drain field**

Authorized Agent's Printed Name: Mark Osborne REHS

Expiration Date: 02-23-29

Authorized Agent's Signature: [Signature] REHS

Date: 02-23-24

**\*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: SFD2401-0014

## CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 9681-61-1975  
Owner: Smith Douglas Homes Applicant: Jenn Davis  
Property Location: 360 Liam Dr (SR 1279)  
Facility Type: 38'x58' SFD

Number of bedrooms: 3 Number 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\* 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: 360 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: 225 feet Trench/Bed Spacing: 9 feet on center  
Trench/Bed Width: 36 inches LTAR: .4 gpd/ft<sup>2</sup> Usable Depth to LC (Initial)\*: 36" <sup>Limiting condition</sup>  
Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth†: 24" inches <sup>Measured on the downhill side of the trench</sup>  
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: Curtain drain above entire drain field

### 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: Mark Osborne REHS Expiration Date: 02-23-29  
Authorized Agent's Signature: [Signature] Date: 02-23-24

\*See attached site sketch\*

# Harnett County Environmental Health

## SITE SKETCH

PIN 9681-61-1975

Permit Number SFD2401-0014

Jenn Davis

Harrington PI / Lot 20

Applicant's Name

Subdivision/Section/Lot Number

Mark Osborne REHS

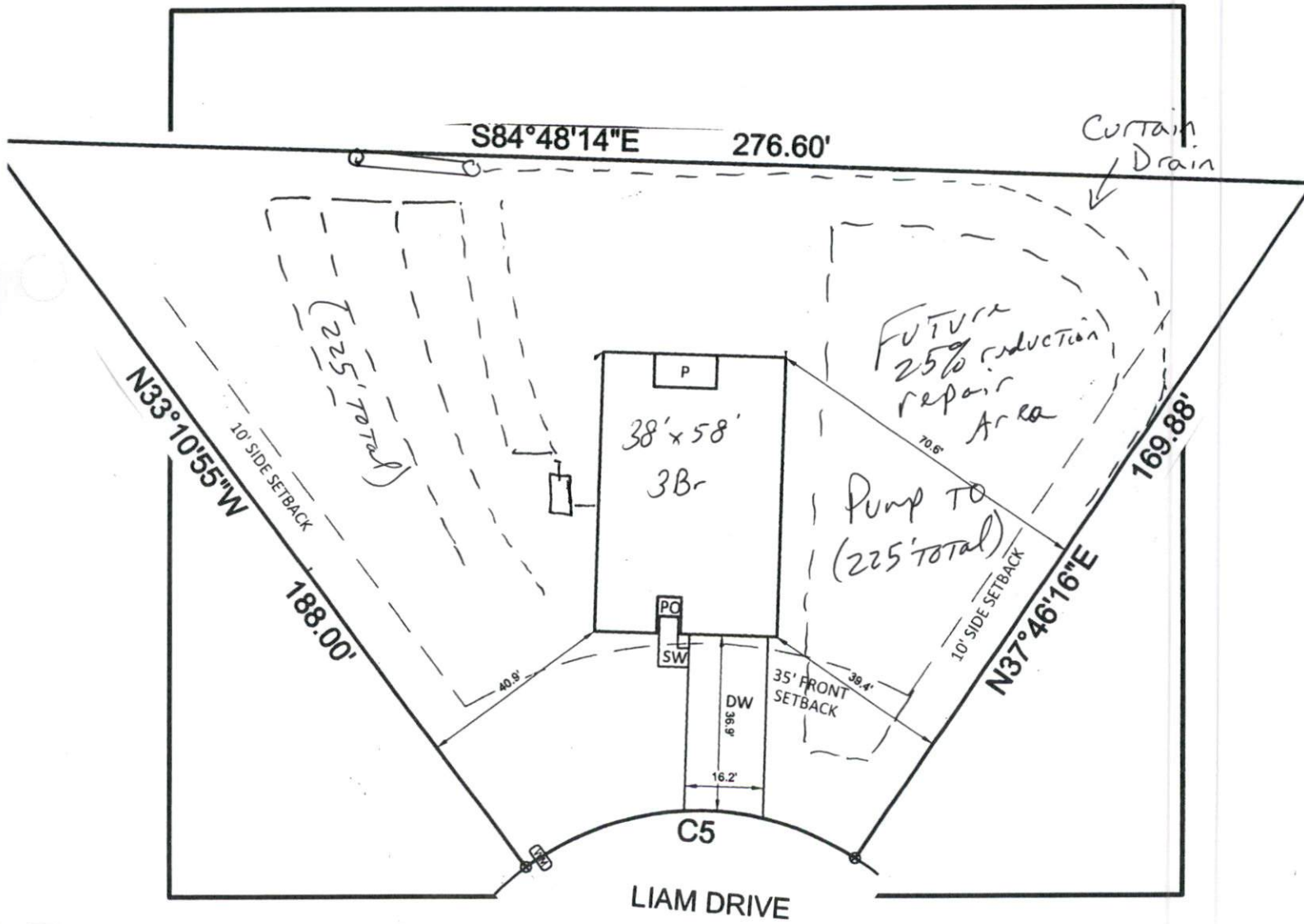
02-23-24

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 = NTS







# LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft <sup>2</sup> )	SAPROLITE LTAR (gpd/ft <sup>2</sup> )	LPP LTAR (gpd/ft <sup>2</sup> )	MINERALOGY/ CONSISTENCE		STRUCTURE	
						MOIST	WET		
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	Moist	Wet	SG (Single grain)	
CV (Convex Slope)		LS (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)	
D (Drainage way)	II	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)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)	
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 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)		None		None	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	VP (Very plastic)	
R (Ridge/summit)		Si (Silt)							
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4	0.05 - 0.2	SEXP (Slightly expansive)				
T (Terrace)		SiC (Silty clay)			EXP (Expansive)				
TS (Toe Slope)		C (Clay)							
		O (Organic)	None						

\* 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.

**HORIZON DEPTH** In inches below natural soil surface

**DEPTH OF FILL** In inches from land surface

**RESTRICTIVE HORIZON** Thickness and depth from land surface

**SAPROLITE** S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

**SOIL WETNESS** Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip design

**CLASSIFICATION** S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).

