## **Harnett County Environmental Health**

|   |                             |  | File/Permit Number: SF   | FD2401-0089               |
|---|-----------------------------|--|--|---------------------------|
|   | IMPRO\                      | VEMENT PERMI   |  |                           |
| County: Harnett   |                             |  |  |                           |
| PIN/Lot Identifier: 0661-62-9300.0  | 00 Lot 9                    |  |  |                           |
| PIN/Lot Identifier: 0661-62-9300.00 Owner: HLM Legacy Partnership Property Location: 81 EAGLE CRE | LLC                         | Applicant: N   | lew Home Inc.  |                           |
| Property Location: 81 EAGLE CRE   | ST CT LILLINGTON, N         | IC 27546, SR 1516  | Old Coats Rd.  |                           |
| Subdivision (if applicable) HERITAG   | E AT NEILLS CREEK           | Lot #: 9   | Block:   | Section:                  |
| New ■<br>Facility Type: SFD 50' X 70'   | Expansion                   | System Relocation  | Change of Use  |                           |
| Number of bedrooms: 4 Number  | er of Occupants: 8 Oth      | er:  |  |                           |
| Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater                  |                             |  |  |                           |
| Proposed Design Daily Flow: 480   | GPD Propose                 | ed LTAR (Initial): .35   | Proposed LTAR (Repair):  | .35                       |
| Proposed Wastewater System Type*:   | 25% Reduction System        | l (Initial) P  | ump Required: Yes No   | May be required           |
| Proposed Wastewater System Type*:   | 25% Reduction System        | (Repair) P   | ump Required: Yes 🔳 No   | May be required           |
| *Please include system classification fo  | r proposed wastewater syste | em types in accordance w   | vith Rule .1301 Table XXXII  |                           |
| Effluent Standard:  | ☐ NSF/ANSI 40 ☐ TS-         | I TS-II RCW  |  |                           |
| Saprolite System (Initial): Yes   | No Saprolite System         | (Repair): 🗌 Yes 🔳 No   |  |                           |
| Fill System (Initial): Yes No If y  | yes, specify: New Ex        | cisting (when adding mor   | re than 6 inches of fill to system   | area provide a fill plan) |
| Fill System (Repair): Yes No If   |                             |  |  |                           |
| Usable Depth to LC (Initial)x: 37"  | Usable                      | Depth to LC (Repair) <sup>x</sup> : <u>37</u>  | 7" × Limiting Cor  | ndition                   |
| Usable Depth to LC (Initial) <sup>x</sup> : $\frac{37"}{18" - 24}$                                | " Max. Trench Dept          | th (Repair)‡: 18" - 24"  | *Measured on the down  | hill side of the trench   |
| Artificial Drainage Required: Yes   | No If yes, please specify   | details:   |  |                           |
| Type of Water Supply:  Private well   | Public well Share           | ed well 🔳 Municipal S  | Supply Spring Other  | ·                         |
| Drainfield location meets requirements  | s of Rule .0508: Yes 🔳 No   | Drainfield location  | n meets requirements of Rule .00   | 601: Yes 🔳 No 🗌           |
| Permit valid for: Five years [site plan   | n submitted pursuant to GS  | 130A-334(13a)] No 6  | expiration [plat submitted pursu   | ant to GS 130A-334(7a)]   |
| Permit conditions:  |                             | The state of the s | AND THE ROLL AND THE PERSON OF |                           |
| No Foundation or Gutter   | Drains to be Directo        | ed Towards Septi   | ic System  |                           |
|   |                             |  |  |                           |
|   |                             |  |  |                           |
|   | = = M /                     | FIII REHS  |  | 2 (5 20                   |
| Authorized Agent's Printed Name: JA   | 1 11 /                      | E Part   |  | : 2-15-29                 |
| Authorized Agent's Signature:   | an 2 MANANT                 |  | Date: Z-/  | 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: SFD2401-0089  |  |  |  |  |
|---|--|--|--|--|
| CONSTRUCTION AUTHORIZATION  |  |  |  |  |
| County: Harnett PIN/Lot Identifier: 0661-62-9300.000 Lot 9  |  |  |  |  |
| Owner: HLM Legacy Partnership LLC Applicant: New Home Inc.  |  |  |  |  |
| Property Location: 81 EAGLE CREST CT LILLINGTON, NC 27546, SR 1516 Old Coats Rd.  |  |  |  |  |
| Facility Type: SFD 50' X 70'  |  |  |  |  |
| Number of bedrooms: 4 Number of Occupants: 8 Other:   |  |  |  |  |
| ■ New   |  |  |  |  |
| Basement? ☐ Yes ■ No Basement Fixtures? ☐ Yes ■ No  |  |  |  |  |
| Crawl Space? ☐ Yes ☐ No Slab Foundation? ☐ Yes ☐ No   |  |  |  |  |
| Type of Wastewater System* 25% Reduction System (Initial) 25% Reduction System (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 (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: 1,000 gallons Total Trench/Bed Length: 345 feet Trench/Bed Spacing: 9' feet on center   |  |  |  |  |
| Trench/Bed Width: 36" inches LTAR: .35 gpd/ft² Usable Depth to LC (Initial)*: 37" *Limiting condition   |  |  |  |  |
| Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth <sup>‡</sup> : 18" - 24" inches * Measured on the downhill side of the trench  |  |  |  |  |
| Pump Tank Size (if applicable): 1,000 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:  |  |  |  |  |
| <u>Legal Agreements</u> (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: No Foundation or Gutter Drains to be Directed Towards Septic System   |  |  |  |  |
|   |  |  |  |  |
| 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. <i>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</i> 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 F Manhant Expiration Date: 2-15-25  Authorized Agent's Signature: Date: 2-15-25  |  |  |  |  |
| *See attached site sketch*  |  |  |  |  |

## SITE SKETCH

<sub>PIN</sub> 0661-62-9300.000

Permit Number SFD2401-0089

New Home Inc.

HERITAGE AT NEILLS CREEK/ Lot 9

Applicant's Name

Subdivision/Section/Lot Number 2~15-24

Anthonized 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 = 
$$1^{1}$$
 =  $50^{1}$ 

