

Harnett County Environmental Health

File/Permit Number: SFD2404-0094

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 9579-05-9270.000
Owner: Southern Touch Homes Applicant: _____
Property Location: 308 Thistle Ct
Facility Type: SFD (55'x57')

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* Accepted (Initial) Accepted (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/ft² Usable Depth to LC (Initial)*: 40 ^{xLimiting condition}

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth†: 18 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: Oliver Tolksdorf

Expiration Date: 5/14/29

Authorized Agent's Signature: _____

Date: 5/14/24

See attached site sketch

Harnett County Environmental Health

File/Permit Number: SFD2404-0094

IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: 9579-05-9270.000

Owner: Southern Touch Homes

Applicant: _____

Property Location: 308 Thistle Ct

Subdivision (if applicable) West Preserve Lot #: 14 Block: _____ Section: _____

New Expansion System Relocation Change of Use

Facility Type: SFD (55'x57')

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 System (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type*: 25% Reduction System (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)*: 40 Usable Depth to LC (Repair)*: 36 * Limiting Condition

Max. Trench Depth (Initial)*: 20 Max. Trench Depth (Repair)*: 20 * 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: Oliver Tolksdorf

Expiration Date: 5/14/2029

Authorized Agent's Signature: _____

Date: 5/14/24

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

SITE SKETCH

PIN 9579-05-9270.000

Permit Number SFD2404-0094

~~Southern Touch Homes~~

West Preserve

Applicant's Name ~~_____~~

Subdivision/Section/Lot Number

~~_____~~ KHS

5/14/24

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 = _____

