



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

Permit #: FD 2404-0118

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK BENTON • Deputy Secretary for Health  
SUSAN KANSAGRA • Assistant Secretary for Public Health  
Division of Public Health

Submittal Includes:  (a2) Improvement Permit  (a2) Construction Authorization  Fee \$ \_\_\_\_\_

**IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)**

County: HARNETT  
PIN/Lot Identifier: 9579-52-3028.000  
Issued To: ANDREW JENKINS (14652 MACDOUGALD RD)  
Property Location: 0.67 MI WEST OF DOLLHOUSE RD, ON NORTH SIDE OF MCDUGALD RD  
Subdivision (if applicable): (ADJACENT TO 14554 MCDUGALD RD) Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

LSS Report Provided: Yes  No   
If yes, name and license number of LSS: ROBIN M. PEREZ LSS 1205  
New  Expansion  System Relocation  Change of Use

Proposed Structure: 6 BEDROOM HOUSE  
Number of bedrooms: 6 Number of Occupants: 12 Other: \_\_\_\_\_

Design Wastewater Strength:  domestic  high strength  industrial process

Proposed Design Daily Flow: 720 GPD Proposed LTAR (Initial): 0.4 Proposed LTAR (Repair): 0.4

Proposed Wastewater System Type\*: III b, g LOW PROFILE (Initial) Pump Required:  Yes  No  May be required

Proposed Wastewater System Type\*: III b, g CHAMBER (Repair) Pump Required:  Yes  No  May be required

\*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)

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 Soil Depth (Initial): 24-30" Usable Soil Depth (Repair): 24-30"

Max. Trench Depth (Initial)\*: 12" Max. Trench Depth (Repair)\*: 12" \*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 .1945: Yes  No  Drainfield location meets requirements of Rule .1950: 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:  
S SOIL AREA SHOWN WITH 24-30" SUITABLE DEPTA, 28,000 SF  
140' X 200'

Licensed Soil Scientist Print Name: Robin M. Perez LSS 1205  
Licensed Soil Scientist Signature: Robin M. Perez Date: 7/24/2024

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).  
\*See attached site sketch\*

Permit #: SFD2404-0118

**This Section for Local Health Department Use Only**

Initial submittal received: \_\_\_\_\_ by MAD  
Date Initials

G.S. 130A-335(a3) states the following:

*When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.*

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

\_\_\_\_\_  
\_\_\_\_\_

Copies of this were sent to the LSS and the Applicant on \_\_\_\_\_  
Date

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

Complete

State Authorized Agent: Mah D REHS Date: 8-15-24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. 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 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 the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 8-15-29

\*See attached site sketch\*



# Harnett County Environmental Health

File/Permit Number: SFD2404-0118

## CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 9579-52-3028  
Owner: Andrew Jenkins Applicant: Andrew Jenkins  
Property Location: 14652 McDougald Rd (SR 1229)  
Facility Type: 72'x66' SFD

Number of bedrooms: 6 Number of Occupants: 12 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\* low profile chamber (Initial) low profile chamber (Repair)

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII  
Design Daily Flow: 720 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: 1500 gallons Total Trench/Bed Length: 600 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)\*: 24 <sup>Limiting condition</sup>  
Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth†: 12 inches <sup>Measured on the downhill side of the trench</sup>  
Pump Tank Size (if applicable): 1500 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: Mark Osborne REHS Expiration Date: 8-26-29  
Authorized Agent's Signature:  Date: 8-26-24

**\*See attached site sketch\***

# Harnett County Environmental Health

## SITE SKETCH

PIN 9579-52-3028

Permit Number SFD2404-0118

Andrew Jenkins

Applicant's Name

Mark Osborne REHS *Mark Osborne REHS*

Authorized State Agent

Subdivision/Section/Lot Number

8-26-24

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 = NTS

