

Harnett County Environmental Health

File/Permit Number: SFD2406-0020

IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: 0626-70-0409.000 Lot 3

Owner: TRIANGLE HOME PROS LLC

Applicant: TRIANGLE HOME PROS LLC

Property Location: 54 TIMBER RAIL LN HOLLY SPRINGS, NC 27540

Subdivision (if applicable) _____ Lot #: 3 Block: _____ Section: _____

New

Expansion

System Relocation

Change of Use

Facility Type: SFD 73' x 70'

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): .3 Proposed LTAR (Repair): .3

Proposed Wastewater System Type*: 25% Reduction System (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type*: 50% 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)*: 34" Usable Depth to LC (Repair)*: 34" * Limiting Condition

Max. Trench Depth (Initial)*: 18"-20 Max. Trench Depth (Repair)*: 18" * 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:

No Foundation or Gutter Drains to be Directed Towards Septic System.

No Cutting or Grading of Soil in Septic or Septic Repair Area.

Have Plumbing stubbed at highest possible point to avoid needing a pump.

Authorized Agent's Printed Name: Ren Levocz

Expiration Date: 7-17-29

Authorized Agent's Signature: 

Date: 7-17-24

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: SFD2406-0020

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0626-70-0409.000 Lot 3
Owner: TRIANGLE HOME PROS LLC Applicant: TRIANGLE HOME PROS LLC
Property Location: 54 TIMBER RAIL LN HOLLY SPRINGS, NC 27540
Facility Type: SFD 73' x 70'

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 System (Initial) 50% Reduction System (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: 1,000 gallons Total Trench/Bed Length: 300' feet Trench/Bed Spacing: 9' feet on center
Trench/Bed Width: 36" inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial): 34" ^xLimiting condition
Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth[†]: 18"-20" 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: 3 - 100' Lines

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: No Foundation or Gutter Drains to be Directed Towards Septic System.

No Cutting or Grading of Soil in Septic or Septic Repair Area.

Have Plumbing stubbed at highest possible point to avoid needing a pump.

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: Ren Levocz Expiration Date: 7-17-29

Authorized Agent's Signature:  Date: 7-17-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0626-70-0409.000

Permit Number SFD2406-0020

TRIANGLE HOME PROS LLC

Lot 3

Applicant's Name

Subdivision/Section/Lot Number

[Signature] REHS

7-17-24

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

