Harnett County Environmental Health

File/Permit Number: SFD2406-0110

IMPROVEMENT PERMIT

County: Harnett		_		
PIN/Lot Identifier: 0598-65	-3052.000			
Owner: ASLAKSON KRISTINE	E LYNN & ASLAKSON MITCHELI	_ DAVID Applicant: ASLAKS	Applicant: ASLAKSON KRISTINE LYNN & ASLAKSON MITCHELL DAVID	
Property Location: 164 BLU	JEBERRY LN DUNN, NC	28334		
Subdivision (if applicable)		Lot #:	Block: Section:	
New 🔳	Expansion	System Relocation	Change of Use	
Facility Type: SFD 37' x 58				
Number of bedrooms: 3	Number of Occupants: 6	Other:		
Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater				
			Proposed LTAR (Repair):3	
Proposed Wastewater System	Type*: 25% Reduction Sy	vstem (Initial) Pump F	Required: Yes No May be required	
Proposed Wastewater System	Type*: 25% Reduction Sy	vstem (Repair) Pump R	equired: 🗌 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) ^x : 48" Usable Depth to LC (Repair) ^x : 48" * Limiting Condition				
Max. Trench Depth (Initial)*: 18"-28" Max. Trench Depth (Repair)*: 18"-28" * 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:	A CONTROL OF THE CONT			
No Foundation or Gutter Drains to be Directed Towards Septic System.				
No Cutting or Grading of Soil in Septic or Septic Area.				
Have Plumbing Stubbed out at Highest Point to avoid needing a pump.				
	WATER BOOK OF THE STATE OF THE			
Authorized Agent's Printed N	ame: Ren Levocz		Expiration Date: 8-13-29	
Authorized Agent's Signature	nu m	LENS	Date: 8-13-24	

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: SFD2406-0110 CONSTRUCTION AUTHORIZATION PIN/Lot Identifier: 0598-65-3052.000 County: Harnett Applicant: ASLAKSON KRISTINE LYNN & ASLAKSON MITCHELL DAVID Owner: ASLAKSON KRISTINE LYNN & ASLAKSON MITCHELL DAVID Property Location: 164 BLUEBERRY LN DUNN, NC 28334 Facility Type: SFD 37' x 58' Number of Occupants: 6 Number of bedrooms: 3 Other: Change of Use System Relocation New Expansion Repair ☐ Yes ■ No Yes ■ No Basement Fixtures? Basement? ■ Yes □ No Yes ■ No Slab Foundation? Crawl Space? Type of Wastewater System* 25% Reduction System 25% Reduction System (Initial) *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)? (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 gallons Total Trench/Bed Length: 300' feet Trench/Bed Spacing: 9' feet on center Septic Tank Size: 1,000 inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial)^x: 48" Trench/Bed Width: 36" Slope Corrected Maximum Trench/Bed Depth[‡]: 18"-28" inches [‡] Measured on the downhill side of the trench Soil Cover: 6" inches 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: 2 - 150' Lines Artificial Drainage Required: Yes No II 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 Area. Have Plumbing Stubbed out at Highest 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: 8-13-29 Authorized Agent's Signature: Date: 8-13-24

See attached site sketch

SITE SKETCH

0598-65-3052.000

Permit Number <u>SFD2406-0110</u>

Subdivision/Section/Lot Number .

ASLAKSON KRISTINE LYNN & ASLAM

Applicant's Name

REHS

8-13-24 Date

Authorized State Agent

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.

