

Harnett County Environmental Health

File/Permit Number: SFD2408-0007

IMPROVEMENT PERMIT

County: Harnett
PIN/Lot Identifier: 0626-44-3240.000 Lot 6
Owner: ANDERSEN DAVID D & ANDERSON PATRICIA M Applicant: TRIANGLE HOME PROS
Property Location: 243 HOBBY RD HOLLY SPRINGS, NC 27540

Subdivision (if applicable) _____ Lot #: 6 Block: _____ Section: _____
New Expansion System Relocation Change of Use

Facility Type: SFD 72' x 65'
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): .35 Proposed LTAR (Repair): .3
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)*: 34" Usable Depth to LC (Repair)*: 30" *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: Curtain Drain to be installed if and When Septic repair is Needed
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.
Must Hard Pipe Supply line to Septic Tank under Drive Way Using Ductile Iron or Double Walled Corrugated Pipe.

Authorized Agent's Printed Name: Ren Levocz Expiration Date: 10-3-29
Authorized Agent's Signature: [Signature] Date: 10-3-24

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.

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CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0626-44-3240.000 Lot 6
Owner: ANDERSEN DAVID D & ANDERSON PATRICIA M Applicant: TRIANGLE HOME PROS
Property Location: 243 HOBBY RD HOLLY SPRINGS, NC 27540
Facility Type: SFD 72' x 65'

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) 25% 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: 280' feet Trench/Bed Spacing: 9' feet on center

Trench/Bed Width: 36" inches LTAR: .35 gpd/ft² Usable Depth to LC (Initial): 34" **Limiting 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: 4 - 70' Lines

Artificial Drainage Required: Yes No If yes, please specify details: Curtain Drain to be installed if and When Septic repair is Needed

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.

Must Hard Pipe Supply line to Septic Tank under Drive Way Using Ductile Iron or Double Walled Corrugated Pipe.

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: 10-3-29

Authorized Agent's Signature: 

Date: 10-3-24

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0626-44-3240.000

Permit Number SFD2408-0007

TRIANGLE HOME PROS
Applicant's Name
[Signature]
Authorized State Agent

Lot 6
Subdivision/Section/Lot Number
10-3-24
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

