

# Harnett County Environmental Health

File/Permit Number: SFD2409-0074

## IMPROVEMENT PERMIT


County: Harnett  
PIN/Lot Identifier: 0626-44-5392.000 Lot #3R  
Owner: TRIANGLE HOME PROS Applicant: TRIANGLE HOME PROS  
Property Location: 219 HOBBY RD HOLLY SPRINGS, NC 27540  
Subdivision (if applicable) \_\_\_\_\_ Lot #: Lot #3R Block: \_\_\_\_\_ Section: \_\_\_\_\_  
New  Expansion  System Relocation  Change of Use

Facility Type: SFD 85' x 65'  
Number of bedrooms: 4 Number of Occupants: 8 Other: \_\_\_\_\_  
Design Wastewater Strength:  Domestic  High Strength  Industrial Process Wastewater  
Proposed Design Daily Flow: 480 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\*: 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)\*: 31" Usable Depth to LC (Repair)\*: 48" \* Limiting Condition  
Max. Trench Depth (Initial)†: 19" 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:  
No Foundation or Gutter Drains to be Directed Towards Septic System.  
No Cutting or Grading of Soil in Septic or Septic Repair Area

Authorized Agent's Printed Name: Ren Levocz Expiration Date: 11-21-29  
Authorized Agent's Signature:  Date: 11-21-24

**\*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: SFD2409-0074

## CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0626-44-5392.000 Lot #3R  
Owner: TRIANGLE HOME PROS Applicant: TRIANGLE HOME PROS  
Property Location: 219 HOBBY RD HOLLY SPRINGS, NC 27540  
Facility Type: SFD 85' x 65'

Number of bedrooms: 4 Number of Occupants: 8 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: 480 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: 405' feet Trench/Bed Spacing: 9' feet on center  
Trench/Bed Width: 36" inches LTAR: .3 gpd/ft<sup>2</sup> Usable Depth to LC (Initial)\*: 31" <sup>†</sup>Limiting condition  
Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth<sup>‡</sup>: 19" inches <sup>‡</sup> 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 - 135' 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

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: 11-21-29  
Authorized Agent's Signature:  Date: 11-21-24

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



Harnett County Environmental Health

SITE SKETCH

PIN 0626-44-5392.000

Permit Number SFD2409-0074

TRIANGLE HOME PROS

Lot #3R

Applicant's Name *[Signature]* REHS

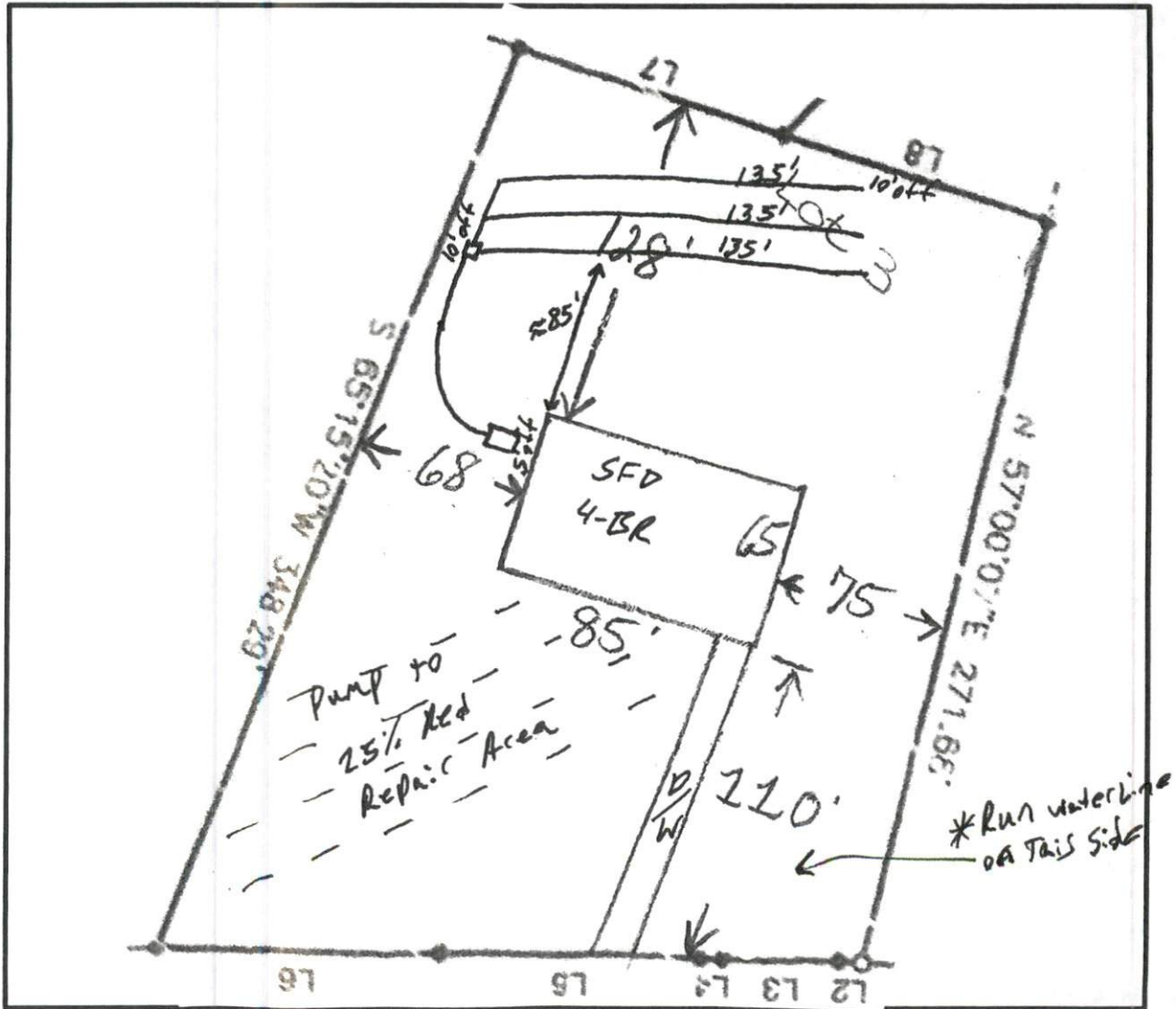
Subdivision/Section/Lot Number 11-21-24

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



Hobby Rd