### Harnett County Environmental Health

File/Permit Number: 150 2410 -0034

#### **IMPROVEMENT PERMIT**

County: Harnett	
PIN/Lot Identifier: 0509-91-1925	
1 (0)	
Property Location: 2950 Coaffet (hurch Rd (SR1234)	
Subdivision (if applicable) Lot #: Block: Section:	
New System Relocation Change of Use	
Facility Type: 73'x 77' 4B-SFD	
Number of bedrooms: 4 Number of Occupants: 6 Other:	
Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater	
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 9 Proposed LTAR (Repair): 9	
Proposed Wastewater System Type*: 25 % (LducTion (Initial) Pump Required: Yes No May	
Proposed Wastewater System Type*: 25% /sdvcTron (Repair) Pump Required: Yes No May I	be required
*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII	
Effluent Standard: NSF DSE STANSI 40 TS-I TS-II RCW	
Saprolite System (Initial): Yes No Saprolite System (Repair): Yes X No	
Fill System (Initial): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area prov	ide a fill plan)
Fill System (Repair): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area pro	vide a fill plan)
Usable Depth to LC (Initial)*: X Limiting Condition	
Max. Trench Depth (Initial) <sup>‡</sup> : 24 Max. Trench Depth (Repair) <sup>‡</sup> : 30 Measured on the downhill side of	
Artificial Drainage Required: Yes No If yes, please specify details: Curtain Drain Above Dranfie	4 (36 D
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 GUTTER OR FOUNDATION DRAINS SHALL EMPTY ONTO DRAIN FIELD	
Made Official DELIGIT	11 - 19
Authorized Agent's Printed Name: Mark Osbojne REHS Expiration Date: //-	
Authorized Agent's Signature: Make WEH'S Date:	0 -7
*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**

		CONG	TRUCTION AL	ITHODIZATI		Number: <b>57924</b>	10-0054
Llamatt			STRUCTION AL		-		
County: Harnett		PIN/L	ot Identifier: O	509-71	-1763		
Owner: Uaro	n Spene	er	1 1 1	Applicant:	faron Spo.	ACR!	
			wich the	X (SK	1254)		
Facility Type:			۵				
Number of bedrooms	s: Numb	er of Occupants:	Other:				
New [	Expansion	Repair	System Reloca	tion	Change of Use		
Basement?			Basement Fixture		No No		
Crawl Space?	Yes	□ No	Slab Foundation?	Yes	No		
Type of Wastewater	System* 25	to reduct	761	Initial)	25% 120	UCTEDA	(Repair)
*Please include system						e XXXII	
Design Daily Flow:	480	GPD Wastewat	er Strength: 🔯 Do	mestic	High Strength	Industrial Process	s Wastewater
Rule .0403(e) Enginee (if yes, please provide			es and Low-flow Te	echnologies (S.L	2013-413 and 201	14-120)? Yes	₽No
Effluent Standard:	DSE HSE	NSF/ANSI 40	TS-I TS	II RCW			
Type of Water Supply	y: Private well	Public well	Shared well	Municipal S	supply Spring	Other:	
Installation Requirer	ments/Conditions	<u>s</u>					
Septic Tank Size: 10	200 gallons	Total Trench/Bed	Length: 300_	eet Trench/B	Bed Spacing: 9	feet on center	
Trench/Bed Width:	36_ inches	LTAR: .4	gpd/ft² Usa	ble Depth to LC	(Initial)x: 38	feet on center xLimiting	condition
						n the downhill side of	
Pump Tank Size (if ap	oplicable): 100	20 gallons	Requires more th	an one pump?	Yes No		
Pump Requirements:						5	
Distribution Method:	: Serial	D-Box or Parallel	Pressure Mani	fold(s) LP	P Other:		
Artificial Drainage Re	equired: Yes	No 🗌 If yes, pleas	se specify details:	36" Deep	Curtain }	Drain above	Drainfi
Legal Agreements (If							
Multi-party Agreeme	ent Required [Rule	e .0 <b>2</b> 04(g)]:	☐ No				
Easement, Right-of-V	Nay, or Encroachr	ment Agreement Re	quired [Rule .0204	d)]:	No		
Declaration of Restric	ctive Covenants:	Yes No	P	re-Construction	Conference Requi	red: Yes 🔲 No 🔲	
Management Entity F	Required: Yes	No Minimum	n O&M Requiremen	nts:			
Conditions:							
with the attached sit	te sketch. <u>This Co</u> rization shall not l	onstruction Authorize be affected by a cha	<u>ration is subject to</u> ange in ownership	revocation if the of the site. This	he site plan, plat, o s Construction Aut	s shall be installed in a or the intended use cho thorization is subject t rmit.	anges. The
							>
Authorized Agent's P Authorized Agent's S	rinted Name:	nis	11 -	5HI	Expiration Date	:: <u>11-16-29</u> 11-16-24	
Authorized Agent's S	ignature:	(		CID		11 10 01	
		*	See attached :	site sketch*	•		

# **Harnett County Environmental Health**

#### SITE SKETCH

PIN 0509-91-1925	Permit Number <b>SFD 2410-0034</b>		
Applicant's Name			
Applicant's Name	Subdivision/Section/Lot Number		
Mark Osborne REHS	11-16-24		
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.

