## Harnett County Environmental Health

		File/Permit Number: SFD2411 - 0675
	IMPROVEMENT PERMIT	BRES 2411-0041
County: HARNETT		
PIN/Lot Identifier:		
Owner:	Applicant: _K	IM R FOWLER
Property Location: 448+ 450	RIVER Bluff DRN DUNN N	.C. 28334
Subdivision (if applicable) Richard	B CAM Lot#: 3	Block: Section:
New 🗹 E	xpansion System Relocation	Change of Use
Facility Type: SFD +	Det GARAGE	
	of Occupants: 8 Other:	
Design Wastewater Strength: Domes	tic High Strength Ind	dustrial Process Wastewater
Proposed Design Daily Flow: 낙용O	GPD Proposed LTAR (Initial): 25	Proposed LTAR (Repair): 25
Proposed Wastewater System Type*:	5% 7EDOUTED (Initial) Pum	p Required: Yes No May be required
Proposed Wastewater System Type*:	TON REDUCTION (Repair) Pum	p 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 ye	s, specify: New Existing (when adding more t	han 6 inches of fill to system area provide a fill plan)
Fill System (Repair): Yes No If ye	es, specify: New Existing (when adding more	than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)x:30''	Usable Depth to LC (Repair) <sup>x</sup> :	× Limiting Condition
Max. Trench Depth (Initial)‡:	Max. Trench Depth (Repair)‡: 22	<sup>‡</sup> Measured on the downhill side of the trench
Artificial Drainage Required:	No If yes, please specify details:	
Type of Water Supply: Private well	Public well Shared well Municipal Sup	ply Spring Other:
Drainfield location meets requirements of	f Rule .0508: Yes 🗌 No 🔲 Drainfield location m	eets requirements of Rule .0601: Yes 🔲 No 🗌
Permit valid for: Five years [site plan	submitted pursuant to GS 130A-334(13a)] No exp	iration [plat submitted pursuant to GS 130A-334(7a)]
Permit conditions:	rate Well to Be USED A	S WATER SOUNCE
Conservator to	meet onsets prior to	to STALI
	= M. I - LTE TCHS	17-17-30
Authorized Agent's Printed Name:	A M 1 4 7540	Expiration Date: 12-17-25
Authorized Agent's Signature:	C / U.Picirio	Date:/2-/7-24
	*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: 502411 - 0075 80552411 - 0041

## CONSTRUCTION AUTHORIZATION

County: Harnett PI	N/Lot Identifier:					
Owner:				t: KIM R F	Fowler	
Property Location:	448+450 1	Zever Bloff	DE N. DUNN			
			ME			
	4		her:			
New	Expansion	Repair	System Relocation	☐ Change of Use		
Basement?	Yes	☐ No	Basement Fixtures? Ye	es 🔲 No		
Crawl Space?	Yes	No	Slab Foundation?	es 🔲 No		
Type of Wastewater :	System* 25% 1	24 DULTIN	(Initial)	56% RGD	VOTON	(Repair)
*Please include syste	em classification fo	or proposed wastewa	ater system types in accordan	ce with Rule .1301 Tal	nle XXXII	
Design Daily Flow:	480	GPD Wastewate	er Strength: Domestic	High Strength	Industrial Process Was	tewater
Rule .0403(e) Enginee (if yes, please provide			es and Low-flow Technologies	(S.L. 2013-413 and 20	14-120)? Yes No	
Effluent Standard:	☐ DSE ☐ HSE	NSF/ANSI 40	TS-I TS-II RC	W		
Type of Water Supply	y: Private well	Public well	Shared well Municip	oal Supply Sprin	g Other:	
Installation Requiren	ments/Conditions	<u>i</u>				
Septic Tank Size: 10	gallons	Total Trench/Bed L	ength:feet Trend	ch/Bed Spacing: <u></u>	feet on center	
			gpd/ft² Usable Depth t			tion
Soil Cover: _6_ incl	hes Slope Cor	rected Maximum Tr	rench/Bed Depth‡:	inches * Measured c	on the downhill side of the tr	ench
Pump Tank Size (if ap	oplicable):	gallons	Requires more than one pur	np? Yes No		
Pump Requirements:	: ft. TDH v	s/GPM	Grease Trap Size (if applicabl	e): gallon	s	
Distribution Method:	: Serial 🛮	D-Box or Parallel	Pressure Manifold(s)	] LPP   Other:		
Artificial Drainage Re	quired: Yes	No If yes, please	e specify details:			
Legal Agreements (If	the answer is "Ye.	s" to any type of leg	al agreements, please attach	a copy of the agreeme	ent.)	
Multi-party Agreeme	nt Required [Rule	.02 <b>0</b> 4(g)]:	☐ No			
Easement, Right-of-W	Vay, or Encroachm	nent Agreement Rec	quired [Rule .0204(d)]: Yes	No No		
Declaration of Restric	ctive Covenants:	Yes No	Pre-Construc	tion Conference Requ	ired: Yes 🚺 No 🗌	
Management Entity R	Required: Yes	No Minimum	O&M Requirements:			
Conditions:	Contrac	ton to	MOOT ONS	ETE Prio	n to INSTAL	1.
The requirements of	15A NCAC 195 on	a incomparated by	of arouse into this narmit and	shall be met. System	s shall be installed in accord	2000
with the attached site Construction Authori	te sketch. <i>This Col</i> ization shall not b	nstruction Authorize be affected by a char	eference into this permit and ation is subject to revocation nge in ownership of the site. 900, as applicable, and to the	if the site plan, plat, of This Construction Au	or the intended use changes. thorization is subject to com	The
Authorized Agent's Pr	rinted Name:	ines E M	ANNAR TO PEAS	Expiration Date	e: 12-17-29	
Authorized Agent's Si	ignature:	res C/VA	WANT - PILL	Date:	2-17-24	

## SITE SKETCH

PIN	Permit Number <u>SPD 2411-0075</u>	
KIM R FOWLER	BRS2411- 90 41 Richard B Cana Lot B	
Applicant's Name	Cubdivision / Castian / Lat Number	
Authorized State Agent	Date	I

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 = Contractor to neet on STTE Mion to FUSTAIL! well ARRA