Harnett County Environmental Health

File/Permit Number: SFD2501-0081

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0547-72-8713

Owner: Patrick Whitetree Applicant: Patrick Whitetree

Property Location: 204 Trees Ln (SR 2036)

Facility Type: 63'x75' SFD

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 (Initial) 25% reduction (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: 1250 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .4 gpd/ft² Usable Depth to LC (Initial)*: 34 inches *Limiting condition

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth¹: 22 inches ¹ *Measured on the downhill side of the trench*

Pump Tank Size (if applicable): 1250 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:

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:

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: Mark Osborne REHS Expiration Date: 2-10-30

Authorized Agent's Signature: Mark Osborne REHS Date: 2-10-25

See attached site sketch

Harnett County Environmental Health

File/Permit Number: SFD2501-0081

IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: 0547-72-8713 Applicant: Patrick Whitetree

Owner: Patrick Whitetree

Property Location: 204 Trees Ln (SR 2036)

Subdivision (if applicable): Lot #: Block: Section:

New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: 63'x75' SFD

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): .4 Proposed LTAR (Repair): .4

Proposed Wastewater System Type*: 25% reduction (Initial) Pump Required: ☒ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: 25% reduction (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)*: 34 * ***Limiting Condition***

Max. Trench Depth (Initial)*: 22 Max. Trench Depth (Repair)*: 22 * ***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 GUTTER OR FOUNDATION DRAINS SHALL EMPTY ONTO DRAIN FIELD~~

Authorized Agent's Printed Name: Mark Osborne REHS Expiration Date: 2-10-30

Authorized Agent's Signature: REHS Date: 2-10-25

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

SITE SKETCH

PIN 0547-72-8713 Permit Number SFD2501-0081

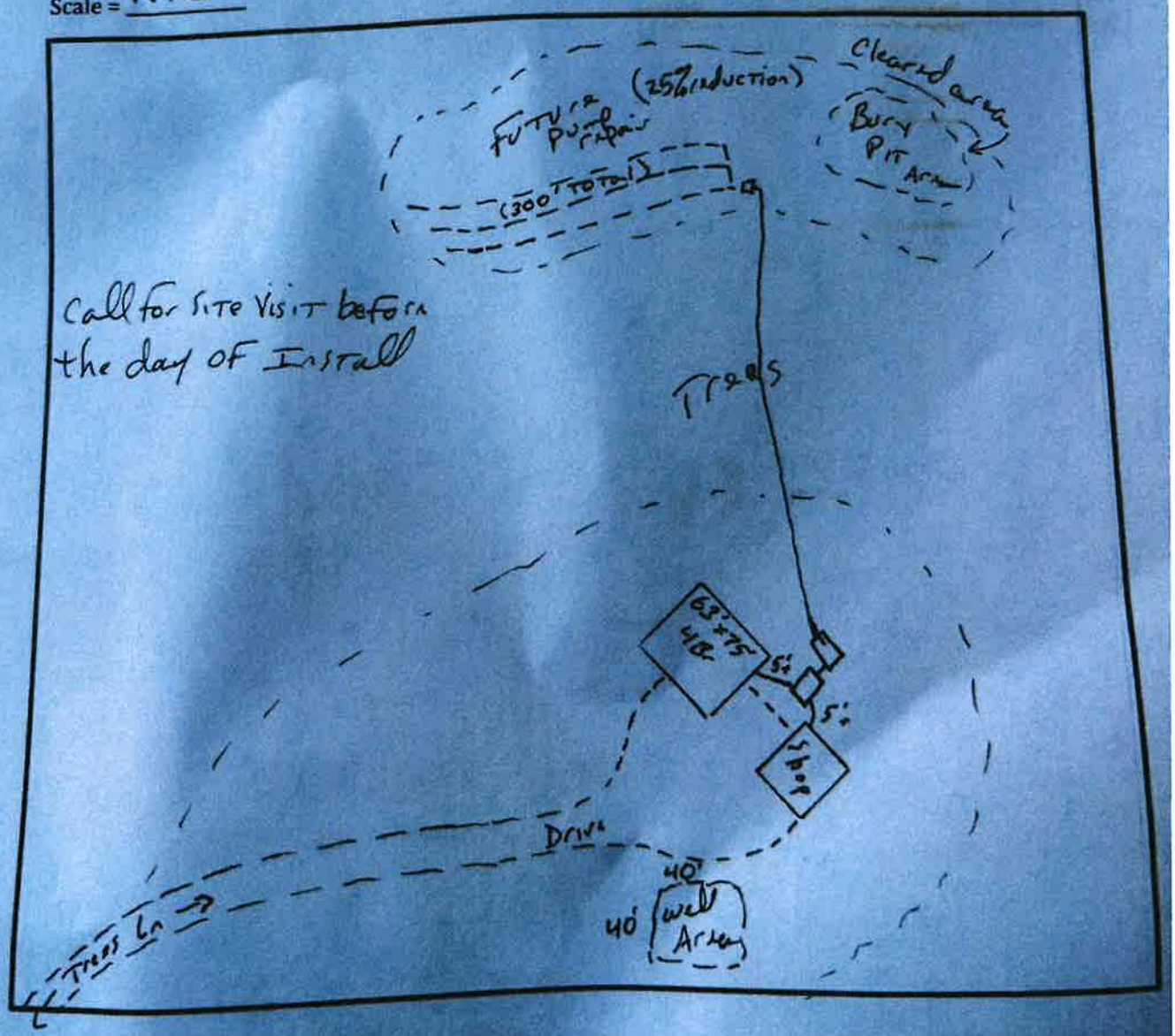
Patrick Whitetree
Applicant's Name

Subdivision/Section/Lot Number
2-10-25
Date

Mark Osborne REHS
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.

Scale = NTS



HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

Application #: SFD2501-0081 Subdivision: Lot #:

PIN #: 0547-72-9713 Parcel #:

Applicant Name: Patrick Whitetree
Address: 204 Trees Ln (SR 2036)

Type of Facility Served by Well: 63'x75' SFD

Sewage System: pump to 25% reduction

Permit Conditions: Well to be drilled in Well Area

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- The permitted drinking water supply well shall be located in accordance with the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent REHS **Date** 2-10-25 **Expiration Date** 2-10-30

* Construction Authorization Expires within five years of issue

Grouting Inspection Witnessed_____ **Date** _____

☐ Grouting self-certified by driller GW-1 provided? ☐ Yes ☐ No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: Application #: SFD2501-0081 Well Contractor: ____

Applicant Name: Patrick Whitetree
Address: 204 Trees Ln (SR 2036)
Directions to Site: ____

Use of Well: ____ Date Drilled: ____ Total Depth: ____ Replacement Well? ☐ Yes ☐ No
Static Water Level: ____ Top of Casing is ____ in. above surface. Yield: ____ gpm at ____ ft.
Disinfection: Type ____ Amount ____

Water Zone (depth)	Casing	Grout
From ____ To ____	From ____ To ____	From ____ To ____
From ____ To ____	Diameter: ____ Material: ____ Thickness: ____	Material: ____ Method: ____
From ____ To ____	From ____ To ____	From ____ To ____
	Diameter: ____ Material: ____ Thickness: ____	Material: ____ Method: ____
	From ____ To ____	From ____ To ____
	Diameter: ____ Material: ____ Thickness: ____	Material: ____ Method: ____

Inspector: ____ On Hold Date: ____ Release Date: ____

Remarks: ____

Well Head Information

Casing Height: ____ (above finished grade) Access Port: ____ Vent Stack: ____
Well ID Tag: ____ Pump ID Tag: ____ Sampling Tap: ____ Backflow Preventer: ____
Sample Taken? ☐ Yes ☐ No Well Head properly sealed: ____

Remarks: ____

Authorized State Agent_____ **Date**_____

See Attachment for completion sketch

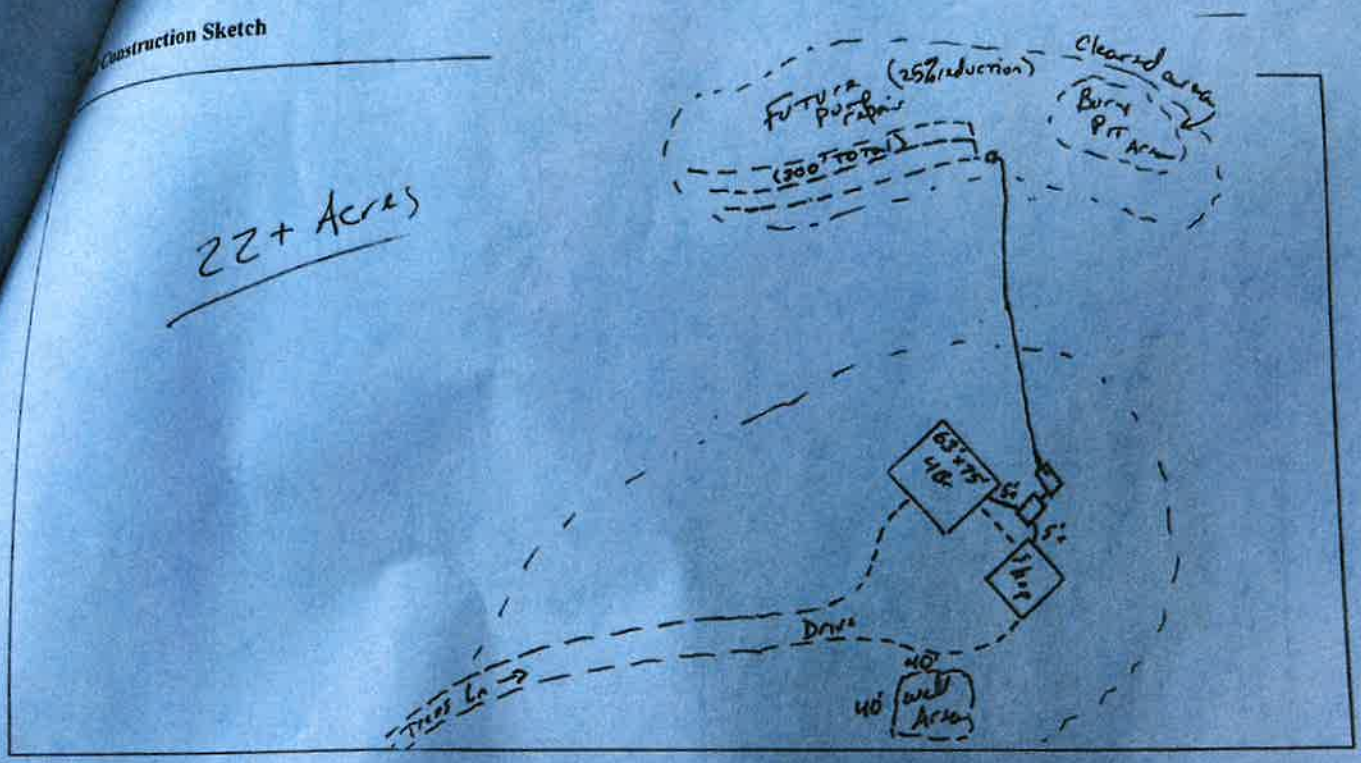
Applicant Name: Patrick Whitet

Subdivision:

Lot #:

SFD2501-0081

Construction Sketch



Well Completion Sketch