Harnett County Environmental Health

File/Permit Number: SFD2502-0103

IMPROVEMENT PERMIT

County: Harnett

PIN/Lot Identifier: 0636-21-7838.000

Owner: CARROLL GLYNDA DENNIS TRUSTEE & GLYNDA DENNIS CARROLL REV TRUST Applicant: Allyson McBride

Property Location: 1584 WADE STEPHENSON RD HOLLY SPRINGS, NC 27540

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

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: SFD 28.8 * 64'

Number of bedrooms: 2 Number of Occupants: 4 Other: _____

Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 240 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)[1]: 38" Usable Depth to LC (Repair)[1]: 38" [1] ***Limiting Condition***

Max. Trench Depth (Initial)[2]: 18"-24" Max. Trench Depth (Repair)[2]: 18"-24" [2] ***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.

Water Line must be routed to be 10' off Septic System

Authorized Agent's Printed Name: Ren Levocz Expiration Date: 9-16-30

Authorized Agent's Signature: Ren Levocz REHS Date: 9-16-25

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

File/Permit Number: SFD2502-0103

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0636-21-7838.000

Owner: CARROLL GLYNDA DENNIS TRUSTEE & GLYNDA DENNIS CARROLL REV TRUST Applicant: Allyson McBride

Property Location: 1584 WADE STEPHENSON RD HOLLY SPRINGS, NC 27540

Facility Type: SFD 28.8' x 64'

Number of bedrooms: 2 Number of Occupants: 4 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: 240 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: 210' feet Trench/Bed Spacing: 9' feet on center

Trench/Bed Width: 36" inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial)[1]: 38" [1]*Limiting condition*

Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth[1]: 18"-24" inches [1] ***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 - 70' 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.

Water Line must be 10' off Septic System

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 9-16-30

Authorized Agent's Signature: Ren Levocz REHS Date: 9-16-25

See attached site sketch

SITE SKETCH

PIN 0636-22-5877.000 Permit Number SFD2502-0103

ALLYSON MCBRIDE
Applicant's Name

Subdivision/Section/Lot Number

Ren Levocz
Authorized State Agent

09/16/2025
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