

Harnett County Environmental Health

EXISTING SYSTEM APPROVAL

☒ Existing System Approval

☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase

☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]

[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Red Door Homes - Kallie Taylor

Mailing Address: 12809 Hwy 70 Business East

City: Clayton

State: NC

Zip: 27520

Phone #: 919-805-5716

Email: Kallie@reddoorhomesnc.com

Owner: Jesse Ryals

Mailing Address: 763 BUTTS RD ANGIER, NC 27501

City: Angier

State: NC

Zip: 27501

Phone #: 910-605-2178

Email: Jesse.ryals@clarksipest.com

PIN/Lot Identifier: 0672-90-6296.000 Lot 3

Property Location/Address: 763 BUTTS RD ANGIER, NC 27501

Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: EH2203-0006 Design Daily Flow: 360 GPD

Number of Bedrooms: 3 Max # Occupants: 6 Other: _____

Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WastewaterWater Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Proposed Property Improvement: SFD 42' x 28'

All the following must be checked for approval:

☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)

☒ DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system

☒ Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: No Cutting or Grading of Soil in Existing Septic Area.

No Foundation or Gutter Drains to be Directed Towards Septic System

Inspector's Printed Name: Ren Levocz

Inspector Certification #: 3345

Inspector's Signature: 

Date: 3-26-25

The existing system approval expires one year after the date of issuance.

See attached site sketch

EXISTING SYSTEM APPROVAL SITE SKETCH

Operation Permit/ATO #: EH2203-0006

PIN/Lot Identifier: 0672-90-6296.000 Lot 3

Owner: Jesse Ryals

Property Location/Address: 763 BUTTS RD ANGIER, NC 27501

Harnett County Department of Public Health

PERMIT # EH2203-0006

Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: 763 BUTTS ROAD (S2 1541)

SUBDIVISION

LOT #

Name: (owner) JESE RYALS

System Installer: A+ SEPTIC - JESSE SAWOEL

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3

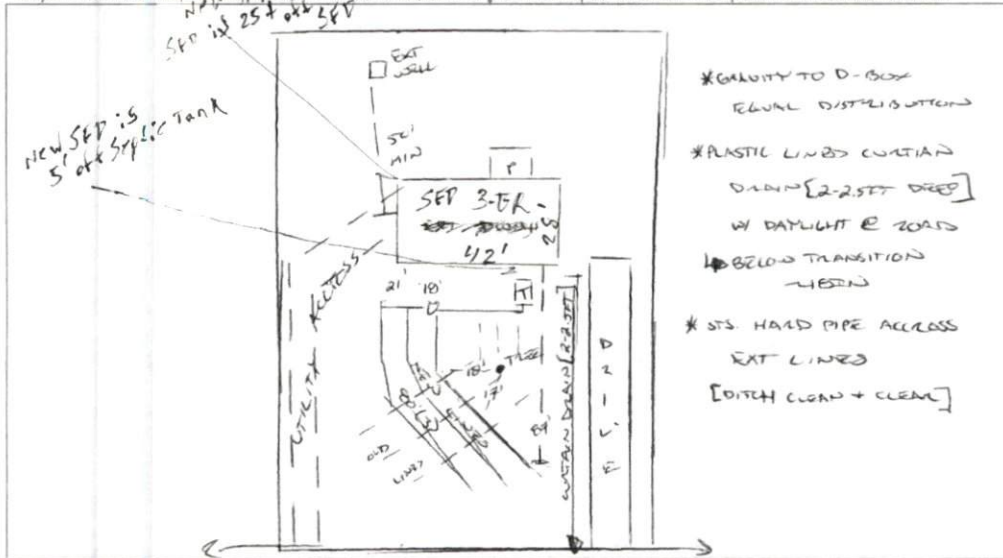
Type of Water Supply: ☐ Community ☒ Public ☒ Well Distance from well 50+ feet

System Type: 25' 12" DEPTH SYSTEM III Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other:

Subsurface system operator required? Yes ☐ No ☒

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation:

V. Other:

☐ D-Box ☐ Pump ☐ Alarm ☐ H2O Line ☐ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other 04 CHAMBER TIT Septic Tank: EXT gallons Pump Tank: _____ gallons

Subsurface No. of _____ exact length _____ width of _____ depth of _____

Drainage Field _____ ditches 3 of each ditch 50 feet _____ ditches 3 feet _____ ditches 20 inches

French Drain Required: _____ Linear feet

Authorized State Agent: [Signature]

Date 06/02/2022

*Include the existing and proposed structures and applicable setbacks.