## Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improven	nent Permit 52 1412
PROPERTY LOCATION: 55 /L	olling Field Dr. Christian Lt. Nd.
ISSUED TO: KB Homes Carolinas SUBDIVISION Maso	
NEW REPAIR EXPANSION Site Improvements	required prior to Construction Authorization Issuance:
Type of Structure: 4 - Backtock 50 × 40' 5750	
Proposed Wastewater System Type: 25% neduction	
Projected Daily Flow: 485 GPD	
Number of bedrooms: Number of Occupants: 8 max	
Basement Yes No	
Pump Required: Yes No May be required based on final location and elevations of facilities	
Type of Water Supply: Community Public Well Distance from well feet	Permit valid for: Five years
Permit conditions:	No expiration
Authorized State Agent:: Date: 07/17	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department 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
site 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 c	ownership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	
Construction Authorization	
(Required for Building Permit)	
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by referen with the attached system layout.	ces into this permit and shall be met. Systems shall be installed in accordance
The the effective spirit is poor.	57,412
ISSUED TO: KB Homes Carolinas PROPERTY LOCATION: 53	Palling Expl Dr. (Unristian H. Ad
SUBDIVISION Mas	
Facility Type: 482 50'x 40' 500 New Expansion Repa	ır
Basement? Yes No Basement Fixtures? Yes No	1100
Type of Wastewater System** 25% Reduction 5,560	(Initial) Wastewater Flow:GPD
(See note below, if applicable )	
25% 50% reaction Ex. (Repair)	
Installation Requirements/Conditions Number of trenches	
Septic Tank Size 1000 gallons Exact length of each trench 350 (M feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a	Soil Cover:inches
Maximum Trench Depth of:inche	s (Maximum soil cover shall not exceed
(Trench bottoms shall be level to $\pm \frac{1}{4}$ "	36" above the trench bottom)
in all directions)	· ·
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: inches above pipe
Conditions:	inches total
Conditions.	Inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OF	REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If applicable: 1 understand the system type specified is different from the type specified on the application	on. I accept the specifications of this permit.
	Posteriorist
Owner/Legal Representative Signature:	Date:
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall no	
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the con-	CEE ATTACHED CITE CHETCH
one cans and nucles for senage treatment and disposal and to the con-	ditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:  Construction Authorization Expiration  Construction Authorization Expiration	67/17/2019
Anonger Construction Authorization Expiration	Date: 67/17/2024

HTE# 550 1905-0025	HTE#	SIED	1905	-0075
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Permit :	#	NA	
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## Harnett County Department of Public Health Site Sketch

	Site Ske	etch			
ISSUED TO: KB HOMES GOODINGS	PROPERTY LOCATON:SUBDIVISION	SS nolling F	seld br. Cointe	57. 14, Cnostien LOT #	U. W.)
Authorized State Agent:		Date:	07/17/2	019	
YPIND TO BOT TO	20,00				
¥ PUMP TO 350FT 25% NEDUCE	TO SHELD	A TTACHES	)		
& PUMP TO 350FT 25% NEDUCT	to winding	1380FT N	MARKED B	Y SOIL S	CIERTO
* proposal by Central C	2000	IL CONSULT	TINGO PLIL	IC.	3,
	133'				
THIS DRAWING IS FOR  SYSTEM ENSTACEMENT TO  MOST MEET ALL PERTINENT TO  LAWS, WIES, AND  NEGULATIONS	5 7 10	481 5=0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

## Masons Pointe S/D Lot 23 SYSTEM TAP CHART

Bench Mark	is = 100.00	Location of	f BM				<b>Elevation Head</b>	0.80
Pump tank elev.		100.00	Pump elev.	94.60	1	Manifold el	lev.	95.40
line color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
4 Pink	5.60	94.40	185	1in SCH 80	16.8	211.49	555	0.3811
5 Yellow	5.90	94.10	70	1/2in SCH 40	7.11	89.50	210	0.4262
6 Red	6.30	93.70	70	1/2in SCH 40	7.11	89.50	210	0.4262
7 Orange	6.60	93.40	65	1/2in SCH 40	7.11	89.50	195	0.4590
	total	feet =	390	gal/min =	38.13		LTAR =	0.3500
							<b>LTAR + %5</b>	0.3675
% of Dose Vol.	75		Des. Flow	480			(Itar W/ INOV)	0.4667
Dose Volume	190.13		Pump Run=	12.59			(Itar W/ INOV + 5%	0.4900
Dose Pump Time	4.99		Tank Gal/IN	19.65				
Drawdown in Inches	9.68							

## Masons Pointe S/D Lot 23 Repair TAP CHART

Bench Mark		is = 100.00	Location of	f BM				<b>Elevation Head</b>	1.50
Pump tank e	lev.		100.00	Pump elev.	94.60	1	Manifold ele	ev.	96.10
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Red	4.90	95.10	40	1/2in SCH 80	5.48	75.63	120	0.6302
2	Purple	5.20	94.80	110	3/4in SCH 40	12.5	172.51	330	0.5228
3	Blue	5.60	94.40	140	1in SCH 80	16.8	231.86	420	0.5520

	total	feet =	290	gal/min =	34.78	LTAR =	0.3500
						LTAR + %5	0.3675
% of Dose Vol.	75		Des. Flow	480		(Itar W/ INOV)	0.7000
Dose Volume	141.38		Pump Run=	13.80		(Itar W/ INOV + 5%	0.7350
<b>Dose Pump Time</b>	4.06		Tank Gal/IN	19.65			
Drawdown in Inches	7.19						