## Harnett County Department of Public Health

Improvement Permit

A	building permit cannot be issued with only an Improvement Permit	5×1410
ISSUED TO: KB HONDS CLUTCHIN	PROPERTY LOCATION: 21 rolling Field Dr. (C)	nristian U. Rd.
The state of the s		LOT # 24_
NEW REPAIR EXPANSION  Type of Structure: 4-Bedroom 50'x		ition Issuance:
Proposed Wastewater System Type: 35% nes	to con	
Projected Daily Flow: 486 GPD		
Number of bedrooms: Number of Occup	pants: 8max	
Basement 🔲 Yes 🗡 No		
Pump Required: Yes No May be requ	ired based on final location and elevations of facilities	
Type of Water Supply: Community Public	Well Distance from well feet Permit valid for:	Eive years
Permit conditions:		■ No expiration
	2	
Authorized State Agent::	JEHS Date: 07/17/2019 SEE ATTACK	HED SITE SKETCH
The issuance of this permit by the Health Department in no way guara- site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	ntees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in me hanges. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to con	eeting their requirements. This
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .19	954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems sha	all be installed in accordance
with the attached system layout.		521412
ISSUED TO: KB HOMES CONOLIN	45 DECEDITY LOCATION: 21 Mallian Field On (	
TO THOP OF THE ME	SUBDIVISION Mason Pointe	INT # ALI
Facility Type: 4BA 50'X 40' STO	New Expansion Repair	101 # _0-7
	ures? Yes No	
	Acoustica System (Initial) Wastewater Flow:	180 GPD
(See note below, if applicable )	(ilitial) Wastewater Flow.	7 3 010
	Sys. (Repair)	
Installation Requirements/Conditions	Number of trenches MULTI	
Septic Tank Size 1000 gallons	- (4117)	eet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour, at a Soil Cover: 12 inch	
[JF MEQUINED]	Maximum Trench Depth of:inches (Maximum soil cover shall not	exceed
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom	
	in all directions)	,
Pump Requirements:ft. TDH vs	_GPM _ NA	inches below pipe
	Aggregate Depth: ~ M	inches above pipe
Conditions: Pump may he require	ad (manifold speas included)	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	E 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. RAIN FIELD AREA.	
**If applicable: 1 understand the system type specified	is different from the type specified on the application. I accept the specifications of this	permit.
Owner/Legal Representative Signature:	Date:	
	at, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in owner	ship of the site. This
Construction Authorization is subject to compliance with the provisions of		ACHED SITE SKETCH
		300000
Authorized State Agent:	Date: 67/17/2019	
ANDREW CORNIN	Construction Authorization Expiration Date: 67/17/2024	-
	The state of the s	_

HTE# 5501905-0	027
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Permit # \_ NA

## Harnett County Department of Public Health Site Sketch

ISSUED TO: KB Homes Cottling PROPERTY LOCATON: 21 Rolling Field Dr. (Christian'Lt Nd.)
ISSUED TO: KB Homes Cardinas SUBDIVISION mason pointe LOT # 24
Authorized State Agent: O7/17/2019
ANDREW CORRES
*PUMP TO PRESSURE MANIFOLD DEXT
MART ISE REQUIRES
(SPECS ATTACHED)
* Pune or GRAVITY TO
350FT 25% NEDWYTON
MINIMUM
(380FT MARKED BY
SOIL SCIENTIST
* PROPOSAL BY CENTRAL 9 5
CAROLINA
CONSOLTING, PLLC
SPLIT REPAIR  FOR SPLIT REPAIR  ROLES, AND  REGULATIONS
ALEA (DOTTED LINE)
3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
7 / 5 / 7 7 7
7 / 5 / 4 3 401
557
9   3
30' 2/20
nolling FRELD DR.

## Masons Pointe S/D Lot 24 SYSTEM TAP CHART

Bench Mark		is = 100.00	Location of	f BM				Elevation Head	2.40
Pump tank elev.			100.00	Pump elev.	94.60	Manifold elev.			97.00
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
4	Red	4.00	96.00	165	1in SCH 40	20.2	211.33	495	0.4269
5	Blue	4.00	96.00	170	1in SCH 40	20.2	211.33	510	0.4144
6	Pink	4.20	95.80	40	1/2in SCH 80	5.48	57.33	120	0.4778
		total	feet =	375	gal/min =	45.88		LTAR =	0.3500
0/ 55 1/	2							LTAR + %5	0.3675
% of Dose Vo		75		Des. Flow	480			(Itar W/ INOV)	0.4667
Dose Volume	•	182.81		Pump Run=	10.46			(Itar W/ INOV + 5%	0.4900
Dose Pump T	ime	3.98		Tank Gal/IN	19.65			**************************************	
Drawdown in	Inches	9.30							

## Masons Pointe S/D Lot 24 Repair TAP CHART

Repair TAP CHART									
Bench Mark		is = 100.00	Location o	f BM				Elevation Head	2.30
Pump tank elev.			100.00	Pump elev.	94.60	Manifold elev			96.90
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Red	4.10	95.90	60	1/2in SCH 40	7.11	90.36	180	0.5020
2	Yellow	3.80	96.20	50	1/2in SCH 80	5.48	69.64	150	0.4643
3	Purple	3.40	96.60	45	1/2in SCH 80	5.48	69.64	135	0.5159
7	Yellow	3.70	96.30	75	1/2in SCH 40	7.11	90.36	225	0.4016
8	Pink	4.50	95.50	70	1/2in SCH 40	7.11	90.36	210	0.4303
9	Purple	5.50	94.50	50	1/2in SCH 80	5.48	69.64	150	0.4643
									31.0.10
		total	feet =	350	gal/min =	37.77		LTAR =	0.3500
								LTAR + %5	0.3675
% of Dose Vo	ol.	75		Des. Flow	480			(Itar W/ INOV)	0.4667
Dose Volume	)	170.63		Pump Run=	12.71			(Itar W/ INOV + 5%	0.4900
Dose Pump 1	Time	4.52		Tank Gal/IN	19.65			(	0.4000
Drawdown in	Inches	8.68							