Harnett County Department of Public Health

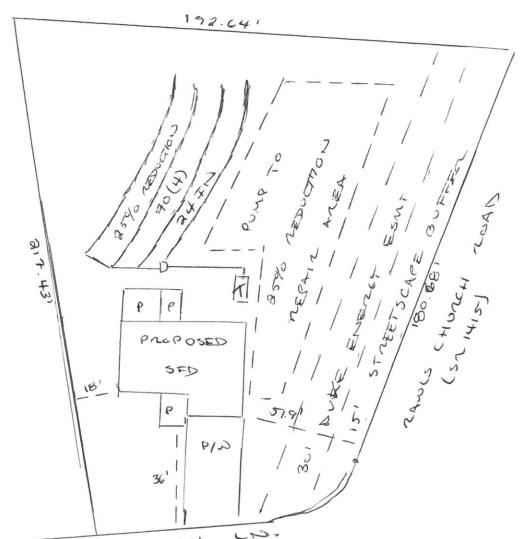
Improvement Permit

Butenen Civil Someres	A building permit cannot be issued with only an Improvement	Permit SN 1412
	THOTERIT LUCATION. VO TECCO	
ISSUED TO: WB Homes Carelinas		Pointe PH 2 101 # 13
NEW REPAIR EXPANSI		quired prior to Construction Authorization Issuance:
Type of Structure: 3-Bedsoon 501X	0.0135	
Proposed Wastewater System Type: 25% Cerebrojected Daily Flow: 366 GPD	35,000 235	
Projected Daily Flow: 365 GPD Number of bedrooms: 3 Number of Occu	nante: 6 may	
Basement Yes No	Janusmax	
	ired based on final location and elevations of facilities	
Type of Water Supply: Community Public		Permit valid for: Five years
Permit conditions:		No expiration
	2000 1101	276
Authorized State Agent:	Date: 10/31/2	
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	intees the issuance of other permits. The permit holder is responsible for che	cking with appropriate governing bodies in meeting their requirements. This ership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition		issup of the site. This period is souject to compliance with the provisions of
	Construction Authorization	
The construction and installation requirements of Rules 1000 1002	(Required for Building Permit) 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references	into this asserts and shall be seen Control that he will be a seen as
with the attached system layout.		and this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: KB Homes Corol	300	5~1412
ISSUED TO: KB Homes Grot		and Form Lo. (Christian Ct. Nd
- 1427		Point PH 2 LOT # 13
Facility Type: 332 50 X 70 555		
Basement? Yes No Basement Fix	tures? Yes No	-
Type of Wastewater System** 359	a reduction system	(Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)		
Pump to	25% red. 35- (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size Loco gallons	Exact length of each trenchfeet	Trench Spacing: Feet on Center
Pump Tank Sizegallons	Trenches shall be installed on contour at a	Soil Cover: 12 inches
	Maximum Trench Depth of: 24 inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	so above the trenen bottom)
Pump Requirements:ft. TDH vs	GPM	inches below pipe
7 sup requients 10 10 13.		Aggregate Depth: inches above pipe
Conditions:		inches total
Conditions.		Inches total
WATER LINES (INCLUDING IRRIGATION) MUST	OF TOPT FROM THE DATE OF SERVICE CUSTOM OF T	
	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR R	EPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.	
**If applicable: / understand the system type specified	is different from the type specified on the application.	I accept the specifications of this permit
	the application.	ractifi the specimentons of this perimit.
Owner/Legal Representative Signature:		Date:
	plat, or the intended use changes. The Construction Authorization shall not b	
	f the Laws and Rules for Sewage Treatment and Disposal and to the condition	· ·
	The state of the control of the cont	The same of the sa
Authorized State Agents -	William WHS n	10/31/2019
Authorized State Agent:	1	
ANSTEW CUR	Construction Authorization Expiration D.	ate: 10/31/0009

Harnett County Department of Public Health Site Sketch

Property Location: 16 Rawls Form	Ln. (Christian Light RdSNILLIA)
Issued To: KB HOME Carestings	Subdivision Mason Pointe PH 2 Lot # 13
Authorized State Agent:	August 10/31/2019

* PROPOSENL BY CENTRAL CANOLINA
SOIL CONSULTING



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

Sheet1

Masons Pointe, Lot 13 TAP CHART

Bench Mari	(is = 100.00	Location of	ocation of BM Elevation Head					
Pump tank	elev.		100.00	Pump elev.	94.60		Manifold ele	v.	1.00
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR

	total	feet =	0	gal/min =	0	LTAR =	0.3500
						LTAR + %5	0.3675
% of Dose Vol.	75		Des. Flow	480		(Itar W/ INOV)	0.4667
Dose Volume	0.00		Pump Run=	#DIV/0!		(Itar W/ INOV + 5%	0.4900
Dose Pump Time	#DIV/0!	9	Tank Gal/IN	19.65			
Drawdown in Inches	0.00						

Masons Pointe, Lot 13 Repair TAP CHART

Bench Mark	i	is = 100.00	Location of	fBM				Elevation Head	8.50
Pump tank	elev.	5	95.00	Pump elev.	89.60		Manifold ele	ev.	99.10
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Pink	1.90	98.10	40	ERROR	4.58	54.78	120	0.4565
2	Purple	2.20	97.80	75	1/2in SCH 40	7.11	85.04	225	0.3780
3	Blue	2.30	97.70	75	1/2in SCH 40	7.11	85.04	225	0.3780
4	Pink	2.70	97.30	75	1/2in SCH 40	7.11	85.04	225	0.3780
5	Yellow	3.50	96.50	65	1/2in SCH 40	7.11	85.04	195	0.4361
6	Yellow	4.20	95.80	60	1/2in SCH 40	7.11	85.04	180	0.4725

	total	feet =	390	gal/min =	40.13	LTAR =	0.3500
						LTAR + %5	0.3675
% of Dose Vol.	75		Des. Flow	480		(Itar W/ INOV)	0.4667
Dose Volume	190.13		Pump Run=	11.96		(Itar W/ INOV + 5%	0.4900
Dose Pump Time	4.74		Tank Gal/IN	19.65			
Drawdown in Inches	9.68						

