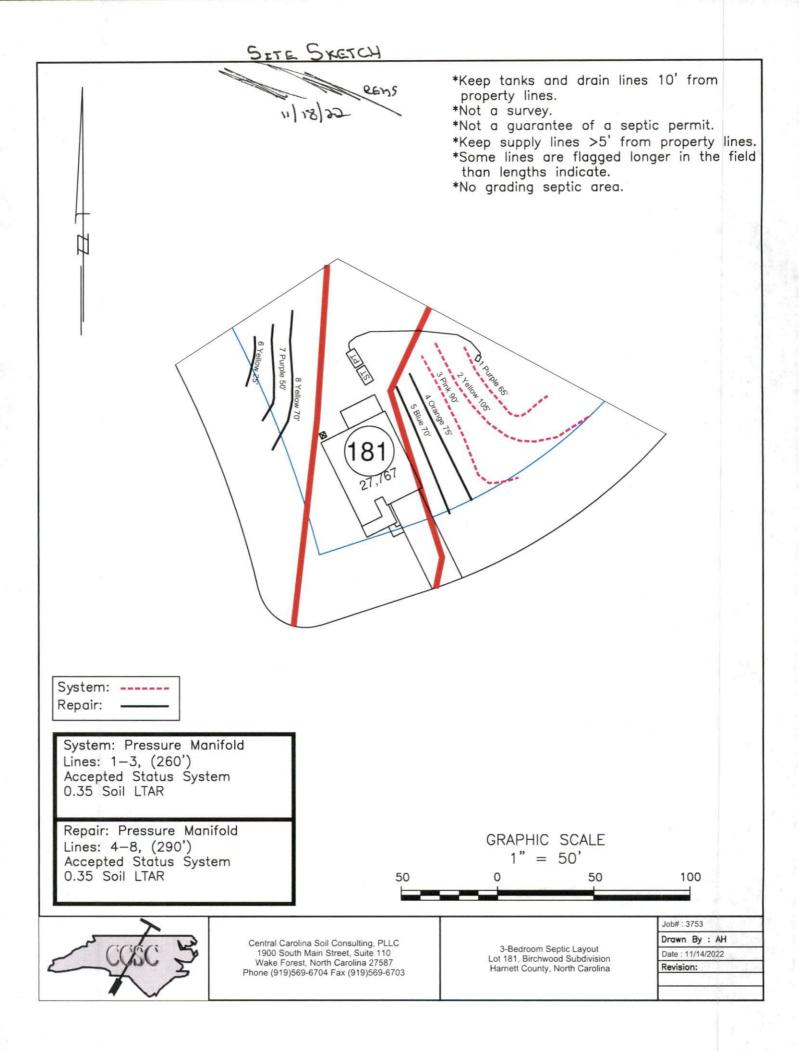
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: I NOMAS Gage	
SSUED TO: KB Home Raleigh SUBDIVISION Birchwood Grove LOT # 1	81
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: SFD (48'x37')	
Proposed Wastewater System Type: 25% Reduction System	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement Yes No	
Pump Required: XYes No May be required based on final location and elevations of facilities	
Type of Water Supply: Community Public Well Distance from wellfeet Permit valid for: Five years	
Permit conditions: No expiration	n
4440100	
Authorized State Agent:: Date: 11/18/22 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 requirement	
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 ownership of the site. This permit is subject to compliance with the prov the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	visions of
the Lams and holes for semage freatment and disposal and to conditions of this permit.	
Construction Authorization	
(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in account.	ardanca
ine construction and instantation requirements of notes 1750, 1752, 1753, 1753, 1755, 1755, 1755, 1755 are incorporated by references into this permit and shall be met systems shall be instanted in account.	ordance
the administration of the state	
ISSUED TO: KB Home Raleigh PROPERTY LOCATION: 38 Thomas Gage	
SUBDIVISION Birchwood Grove LOT # 90	0
Facility Type: SFD (48'x37') New Expansion Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** Pump 25% Reduction Sytsem (Initial) Wastewater Flow: 360	GPD
(See note below, if applicable)	
Pump to 25% Reduction (Repair)	
Installation Requirements/Conditions Number of trenches 1	
Septic Tank Size 1000 gallons Exact length of each trench 260 feet Trench Spacing: 9 Feet on Center	
Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 6 inches	
Maximum Trench Depth of: 18inches (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 inches below	w nine
Aggregate Depth:inches abo	
Conditions: Permit based on proposal from applicants LSS inches	es total
NATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.	
If applicable, I direction the system type specimes is ometer from the type specimes on the approach. I accept the specimentons of this perime.	
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 not be transferred when there is a change in ownership of the site. This	
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Sheet1

Birchwood S/D Lot 181 TAP CHART

Bench Mark								Elevation Head	2.80
Pump tank e	lev.		100.00	Pump elev.	94.60	1	Manifold ele	v.	97.40
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Purple	3.60	96.40	65	1/2in SCH 40	7.11	86.15	195	0.4418
2	Yellow	3.90	96.10	105	3/4in SCH 40	12.5	151.46	315	0.4808
3	Pink	4.10	95.90	90	3/4in SCH 80	10.1	122.38	270	0.4533

	total	feet =	260	gal/min =	29.71	<u>LTAR =</u> LTAR + %5	0.3500 0.3675
% of Dose Vol.	75		Des. Flow	360		(Itar W/ INOV)	0.4667
Dose Volume	126.75		Pump Run=	12.12		(Itar W/ INOV + 5%	0.4900
Dose Pump Time	4.27		Tank Gal/IN	20			
Drawdown in Inches	6.34						

Birchwood S/D Lot 181 Repair TAP CHART

Bench Mark	(Elevation Head	2.20	
Pump tank	elev.		100.00	Pump elev.	94.60	1	Manifold ele	ev.	96.80	
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	
4	Orange	4.20	95.80	75	1/2in SCH 40	7.11	90.00	225	0.4000	
5	Blue	4.60	95.40	70	1/2in SCH 40	7.11	90.00	210	0.4286	
6&7	Y/PU	4.30	95.70	75	1/2in SCH 40	7.11	90.00	225	0.4000	
8	Purple	4.90	95.10	70	1/2in SCH 40	7.11	90.00	210	0.4286	
4 5 6&7	Orange Blue Y/PU	4.20 4.60 4.30	95.80 95.40 95.70	75 70 75	1/2in SCH 40 1/2in SCH 40 1/2in SCH 40	7.11 7.11 7.11	90.00 90.00 90.00	225 210 225	0.4 0.4 0.4	1000 1286 1000

total	feet =	290	gal/min =	28.44	LTAR =	0.3500
					LTAR + %5	0.3675
		Des. Flow	360		(Itar W/ Panel)	0.4667
		Pump Run=	12.66		(Itar W/ INOV + 5%	0.4900
		Tank Cal/IN	20			