



**North Carolina Onsite Wastewater Contractor Inspector Certification Board  
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems  
Notice of Intent (NOI) to Construct**

New     Expansion     Repair     Relocation     Relocation of Repair Area

Owner or Legal Representative Information:  
 Name: Mattamy Homes, LLC  
 Mailing address: 11000 Regency Parkway, Suite 110 City: Cary State: NC Zip: 27518  
 Phone: 919-625-9546 Email: drew.brody@mattamycorp.com

Authorized Onsite Wastewater Evaluator Information:  
 Name: Hal Owen Certification #: 10036E  
 Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546  
 Phone: 910-893-8743 Email: hal@halowensoil.com

Site Location Information:  
 Site address: 0 Denali Drive  
 Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_  
Lot 25 Ph 1 Riverfall Subdivision County: Harnett

System Information:  
 Wastewater System Type: IIIg  
 Daily Design Flow: 480 gpd  
 Saproliite System:  Yes  No    Subsurface Operator Required:  Yes  No  
 Water Supply Type:  Private Well  Public Water Supply  Spring  Other: \_\_\_\_\_

Facility Type:  
 Residential 4 # Bedrooms 8 Maximum # of Occupants \_\_\_\_\_  
 Business    Type of Business and Basis for Flow: \_\_\_\_\_  
 Public Assembly    Type of Public Assembly and Basis for Flow: \_\_\_\_\_

Required Attachments:  
 Plat or Site Plan  
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 11 day of December, 2023 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.  
 This NOI shall expire on 31 day of December, 2023.  
 Signature of Authorized Onsite Wastewater Evaluator: Hal Owen  
 Signature of Owner or Legal Representative: [Signature]

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:  
 Signature of Local Health Department Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>INSURANCE SERVICE CTR -LILLING</b> <b>LILLINGTON BRANCH OFFICE</b> <b>PO Box 1565</b> <b>LILLINGTON, NC 27546</b> <b>DANIEL L. BABB</b>	910-893-5707	<b>CONTACT NAME:</b> SHARON WOODY <b>PHONE (A/C, No, Ext):</b> 910-893-5707 <b>E-MAIL ADDRESS:</b> SWOODY@ISCFAY.COM <b>FAX (A/C, No):</b> 910-893-2077
	<b>INSURED</b> <b>HAL OWEN &amp; ASSOCIATES, INC.</b> <b>PO BOX 400</b> <b>LILLINGTON, NC 27546</b>	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> STARSTONE NATIONAL <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

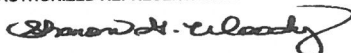
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

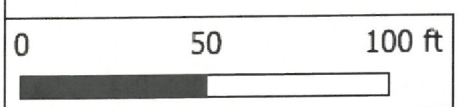
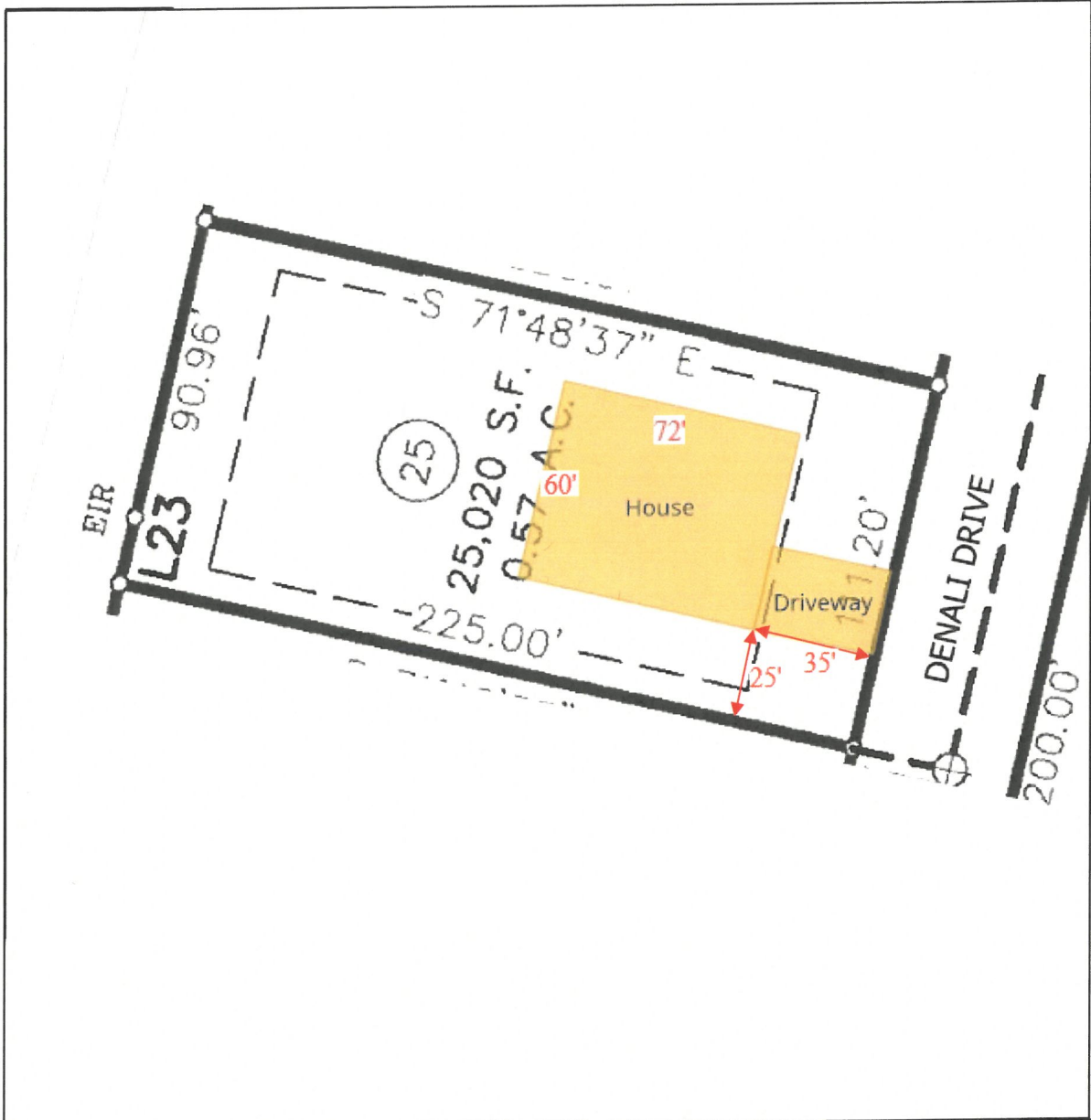
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>PROFESSIONAL LIAB.</b>			42ESP00143901	01/27/2023	01/27/2024	<b>PER OCC.</b> 1,000,000 <b>AGGREGATE</b> 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

<b>MATTAMY HOMES, LLC</b> <b>11000 REGENCY PRKWY, STE. 110</b> <b>CARY, NC 27518</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Map for reference only.  
Not a survey.

Hal Owen & Associates Inc.  
 PO Box 400, Lillington NC 27546  
 www.halowensoil.com  
 919-893-8743

Lot 25  
 Riverfall Subdivision  
 Phase 1

SITE MAP

# HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

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Phone (910) 893-8743 / Fax (910) 893-3594

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11 December 2023

Mattamy Homes, LLC  
11000 Regency Parkway, Suite 110  
Cary, NC 27518

Reference: AOWE Evaluation  
Lot 25 Ph 1 Riverfall Subdivision  
Harnett County, North Carolina

Dear Mattamy Homes LLC,

A soil and site evaluation has been conducted for the above referenced property for the purpose of permitting a subsurface sewage waste disposal system. **This LSS Evaluation is being submitted pursuant to and meets the requirements of G.S.130A-336.2.** This evaluation of soil conditions and site features is provided in accordance with G.S. 130A-335(e), the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900", and local septic regulations (if any). This report represents my professional opinion as a Licensed Soil Scientist and Authorized Onsite Wastewater Evaluator.

This report shall be used to file a Notice of Intent to Construction a wastewater system with the Local Health Department within one year of the date of this evaluation. Failure to file an NOI before then shall result in the AOWE Evaluation to become void.

Sincerely,



A handwritten signature in black ink that reads "Hal Owen".

Hal Owen  
Senior Licensed Soil Scientist  
Authorized Onsite Wastewater Evaluator

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## **SPECIAL TERMS AND CONDITIONS**

This evaluation includes a signed and sealed soil and site evaluation, specifications, plans, and reports for the site layout and construction of a proposed onsite wastewater system by an Authorized On-Site Wastewater Evaluator (AOWE) in accordance with G.S. § 130A-336.2. This evaluation was prepared based on information provided by the owner of the proposed system; to include the basis for design flow, proposed structure location(s), and property boundaries. Any false, inaccurate, or incomplete information provided by the owner may result in denial or revocation of applications, approvals, or permits.

This evaluation is not a permit to develop. The owner and subcontractors will need to abide by all state and local rules and regulations pertaining to planning, zoning, and land use development.

Notice of Intent to Construct – The proposed wastewater system is not “permitted” until the owner files an application with the Local Health Department (LHD) and provides a complete Notice of Intent (NOI) to Construct a wastewater system using an AOWE. The owner may apply for a building permit for the project upon submitting a complete NOI and the required fee.

On-Site Wastewater System Contractor – The AOWE shall assist the owner in the selection of an on-site wastewater system contractor who shall be under contractual obligation to the owner and have sufficient errors and omissions, liability, or other insurance for the system constructed.

Inspections, Construction Observations, and Reports – The AOWE shall make periodic visits to the site to observe the progress and quality of the construction. Upon determining that the system is properly installed and capable of being operated in accordance with the conditions of the permit, the AOWE will issue an Authorization to Operate (ATO) and include an inspection report and a written operation and management program. The owner shall provide a complete ATO package and fee to the LHD, who will issue the certificate of occupancy for the facility.

Operation and Management – The owner shall be responsible for continued adherence to the operations and management program established by the AOWE. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function satisfactorily for any given period of time.

Change in System Ownership. – An authorized wastewater system shall be transferrable to a new owner with the consent of the AOWE. The new owner and the AOWE shall enter a contract for the wastewater system.

Revocation – The AOWE permit is subject to revocation if the site plan, plat, or the intended use changes. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Repair of Malfunctioning Systems. – The owner may apply for an Improvement Permit and a Construction Authorization from the LHD or obtain a NOI from an AOWE to repair a malfunctioning wastewater system.

## **PROPOSED USE**

A new single-family residence will be built at the site. The home will not have a basement. The proposed single-family residence will contain four bedrooms and have a design wastewater flow of 480 gallons per day. The maximum occupancy of the home is 8 people.

## **WATER SUPPLY**

Public water supplies will be utilized.

## **EXISTING SITE CONDITIONS**

At the time of the investigation, the site had been cleared, lot corners were staked, and the new building footprint was marked.

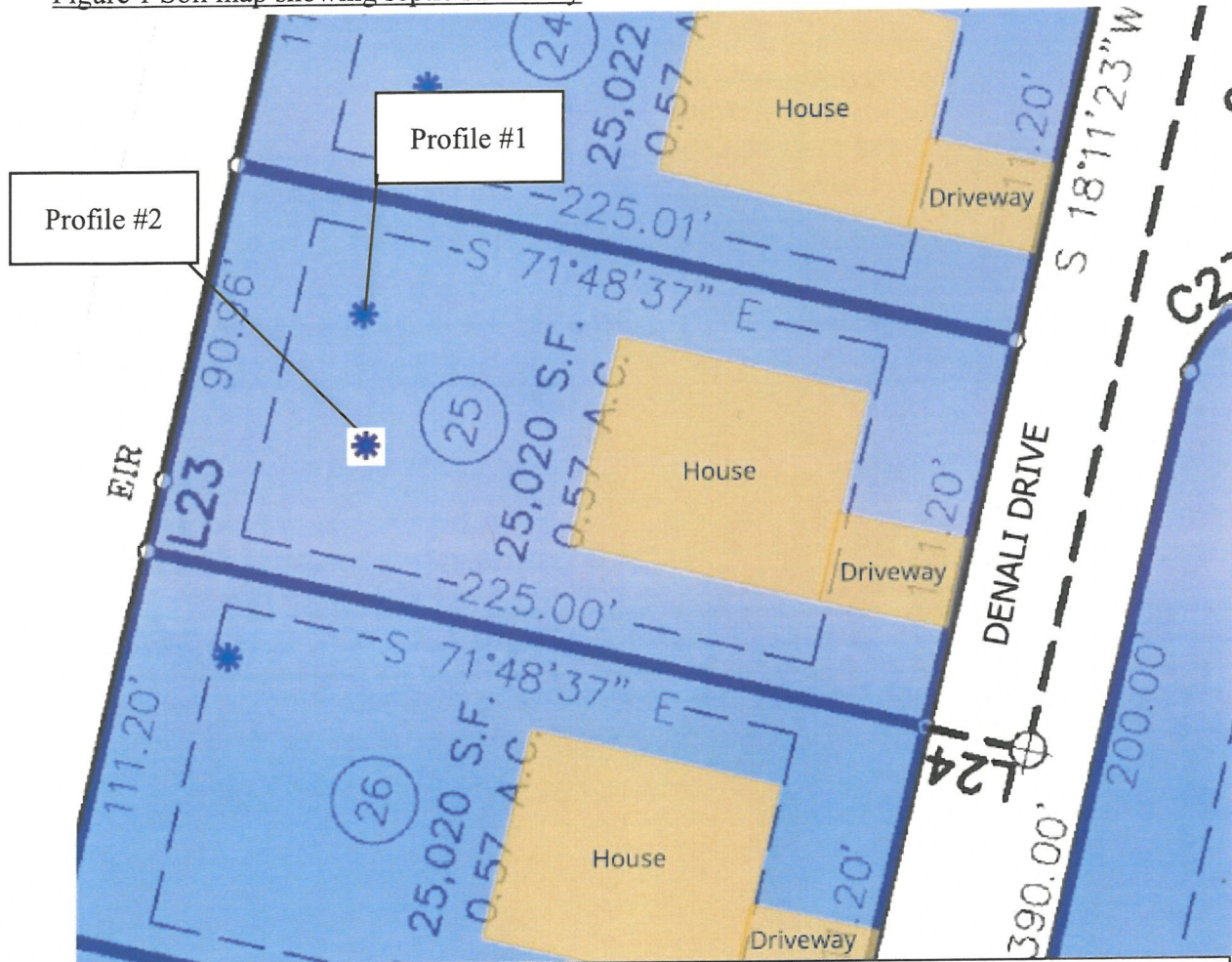
No existing wells, streams, or wetlands were observed within 50 feet of the proposed septic system and repair area.

## **SOIL AND SITE INVESTIGATION**

The soils were evaluated under moist soil conditions through the advancing of auger borings. This evaluation included observations of topography and landscape position, soil morphology (texture, structure, clay mineralogy, organics), soil wetness, soil depth, and restrictive horizons. Descriptions of the soil borings located within the investigated portions of the site are provided in the attached Soil/Site Evaluation form.

Soils in the proposed system area were observed to rate as provisionally suitable for subsurface sewage waste disposal systems. (Figure 1). The subsoils were observed to be firm clay loams and extended to greater than 48 inches below ground surface. Evidence of a soil wetness condition was observed at 33 inches below surface or deeper. These soils appear adequate to support long-term acceptance rates of 0.35 gal/day/ft<sup>2</sup> for conventional drainlines.

Figure 1 Soil map showing septic suitability



<p><b>Legend</b></p> <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: yellow; border: 1px solid black; margin-right: 5px;"></span> House</li> <li>soil boring</li> <li><span style="color: blue; font-size: 1.2em;">*</span> Provisionally Suitable</li> <li>Soil Unit</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: lightblue; border: 1px solid black; margin-right: 5px;"></span> Provisionally Suitable</li> </ul>	<p>0      50      100 ft</p>	 
<p>Map for reference only. Not a survey.</p>		

<p>Hal Owen &amp; Associates Inc. PO Box 400, Lillington NC 27546 www.halowensoil.com 919-893-8743</p>	<p>Lot 25 Riverfall Subdivision Phase 1</p>	<p>Figure 1 Soil Map for Septic Suitability</p>
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Soil/Site Evaluation Form for On-Site Wastewater System

APPLICANT NAME: Mattamy Homes, LLC  OWNER  AGENT  
 LOCATION OF SITE: 0 Denali Rd PIN: 0  
 COUNTY: Harnett  
 PROPOSED FACILITY: Single Family Residential WASTEWATER TYPE: Domestic  
 PROPOSED DESIGN FLOW: 480 gpd WATER SUPPLY: Public Water  
 DATE EVALUATED: 11/9/2023 EVALUATION METHOD: AUGER BORING   
 EVALUATED BY: Hal Owen, LSS 1102 and Steven Boor PIT

	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE	1028.571 ft <sup>2</sup> trench bottom	1028.5714 ft <sup>2</sup> trench bottom
SYSTEM TYPE	Accepted (25% reduction) System	Accepted (25% reduction) System
SITE LTAR	0.35 gpd/ft <sup>2</sup>	0.35 gpd/ft <sup>2</sup>
SITE CLASSIFICATION	<u>Provisionally Suitable</u>	OTHER FACTORS _____
COMMENTS	_____	

**PROFILE 1**

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-10	10YR 5/4	VFR	SL	GR	NEXP	LANDSCAPE POS & SLOPE%	R/ 4%
10-29	10YR 6/8	FI	SCL	SBK	SEXP	SOIL WETNESS CONDITION	33"
29-40	10YR 6/8	FI	CL	SBK	SEXP	SOIL DEPTH	48"
40-48	7.5YR 6/8	FI	CL	SBK	SEXP	SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						PROFILE CLASSIFICATION	PS
						LTAR gpd/ft <sup>2</sup>	0.35
COMMENTS _____							

**PROFILE 2**

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-7	10YR 6/4	VFR	LS	GR	NEXP	LANDSCAPE POS & SLOPE%	T/ 2%
7-48	10YR 6/8	FI	SCL	SBK	SEXP	SOIL WETNESS CONDITION	34"
						SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						PROFILE CLASSIFICATION	PS
						LTAR gpd/ft <sup>2</sup>	0.375
COMMENTS _____							



## SEPTIC SYSTEM DESIGN

See section *Wastewater Treatment System Plans* and Figure 2 for a diagram of the septic system layout and design specifications.

A 1000-gallon (at minimum) septic tank and an approved septic effluent filter is required. There appears to be adequate fall from the house to the initial drainfield for a gravity driven system; however, a pump tank (1000-gallon at minimum) should be added if gravity distribution cannot be demonstrated.

The initial septic system is proposed as a gravity driven system to 344 linear feet of Accepted Status drainlines utilizing a 25% reduction in total drainline length (Figure 2). A long-term application rate (LTAR) of 0.35 gal/day/ft<sup>2</sup> was used to design the nitrification field. A distribution box will be utilized to deliver effluent to four 86-ft long drainlines. The drainlines shall be installed off contour (not to exceed 3 inches) with maximum trench bottom depths at 18 inches below surface (as measured on low side).

The repair septic system is proposed as a pump driven system to 344 linear feet of Accepted Status drainlines utilizing a 25% reduction in total drainline length (Figure 2). A long-term application rate (LTAR) of 0.35 gal/day/ft<sup>2</sup> was used to design the nitrification field. A pressure manifold will be utilized to deliver effluent to four 86-ft long drainlines. The drainlines shall be installed off contour (not to exceed 3 inches) with maximum trench bottom depths at 18 inches below surface (as measured on low side).

## SEPTIC AREA PREPARATION

**It is important that you do not disturb the septic areas during site construction.** A staked line or protective fence should be placed around the system areas prior to construction to eliminate any potential damage to the soil or the layout of the system. Septic areas should not be used for staging construction materials or subjected to vehicular traffic. Do not cut, grade, fill, install utilities, or otherwise alter the designated septic areas.

Care should be taken when clearing vegetation from the septic area. Work should only occur when the soil is at the appropriate moisture content to limit the impact to the soil structure in the soil treatment area. Do not scrape the ground inside the drainfield. **Any clearing or preparation of the septic areas shall be done without removal, disturbance, or compaction of the soil.**

## PERMIT CONDITIONS

### Standard Conditions

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met.

System shall be installed in accordance with the attached *Wastewater Treatment System Plans*.

Any changes to the site plan or intended use must be approved by Hal Owen & Associates. Permit modification and resubmittal to the LHD may be necessary to ensure regulatory compliance.

Conformance to all regulatory setbacks shall be maintained. Local regulations (such as well or riparian buffer ordinances) may require more stringent setbacks.

Minimum soil cover of six inches shall be established over nitrification field. Soil cover above the original grade shall be placed at a uniform depth over the entire nitrification and shall extend laterally five feet beyond the nitrification trench. Site shall be graded to shed water away from field and a vegetative cover established to prevent erosion.

The nitrification field and repair area shall not be subject to vehicular traffic. Vehicular traffic can damage soils, pipes, and valve boxes. Do not use septic areas for parking.

Do not allow underground utilities, water lines, or sprinkler systems to be installed in the septic areas. Damage to the septic areas could result in the septic permit being revoked.

The wastewater system shall not be covered until inspected by Hal Owen & Associates and shall not be placed into use until an Authorization to Operate is issued.

### Specific Conditions:

- To ensure a watertight joint, the inlet and outlet of all tanks shall be equipped with an approved pipe penetration boot.
- The septic and pump tanks must be watertight. The installer shall either provide documentation that the tank has been leak tested by the manufacturer or be prepared to run leak testing (hydrostatic or vacuum testing in the ready- to-use-state) at the site
- No foundation drain.

**WASTEWATER TREATMENT SYSTEM PLANS**

**for RR Lot 25**

**PROJECT INFORMATION**

Facility Type	Residential		
Basement	No	Fixtures in basement?	No
Wastewater Type	Domestic	New/Expansion/Repair?	New
Water Supply	Public Water		
Design Wastewater Flow	480 gpd	120 gal/bedroom	
Basis for Flow	4 bedrooms	max occupancy	8

**PROPERTY INFORMATION**

County	Harnett
Site Address	0 Denali Drive
S/D Name and Lot#	Lot 25 Ph 1 Riverfall SD
PIN	
County PID	
Size (Acre)	0.57

**APPLICANT INFORMATION**

Name	Mattamy Homes, LLC
Mailing Address	11000 Regency Parkway, Suite 110
	Cary, NC 27518
Telephone Number	919-625-9546
E-mail Address	<a href="mailto:drew.brody@mattamycorp.com">drew.brody@mattamycorp.com</a>

**CONSULTANT INFORMATION**

Company Name	Hal Owen & Associates, Inc.
Mailing Address	PO Box 400, Lillington, NC 27546
Telephone Number	910-893-8743 Fax: 910-893-3594
E-mail Address	<a href="mailto:hal@halowensoil.com">hal@halowensoil.com</a>
Licensed Soil Scientist	Hal Owen, LSS #1102 and AOWE# 10036E
System Designer	Jocelyn Proulx

Septic System Design Specifications

Design Wastewater Flow 480 gpd  
 Septic Tank Size (minimum) 1000 gallons  
 Pump Tank Size (minimum) NA gallons

**Initial System**

\*See Detailed Design Parameters

System Type Type IIIg Saprolite System No  
 Design LTAR 0.35 gal/day/ft<sup>2</sup> Fill System No  
 Trenches: Accepted (25% reduction) System  
 Total Trench Length (ft): 344 feet configuration: 4 X 86ft (X 3ft)  
 Trench Spacing 9 ft on center  
 Usable soil depth (inches) 33 Soil Cover 6 inches  
 Maximum Trench Depth 18 measured on downhill side of trench  
 Pump Required No ft TDH at \_\_\_\_\_ GPM

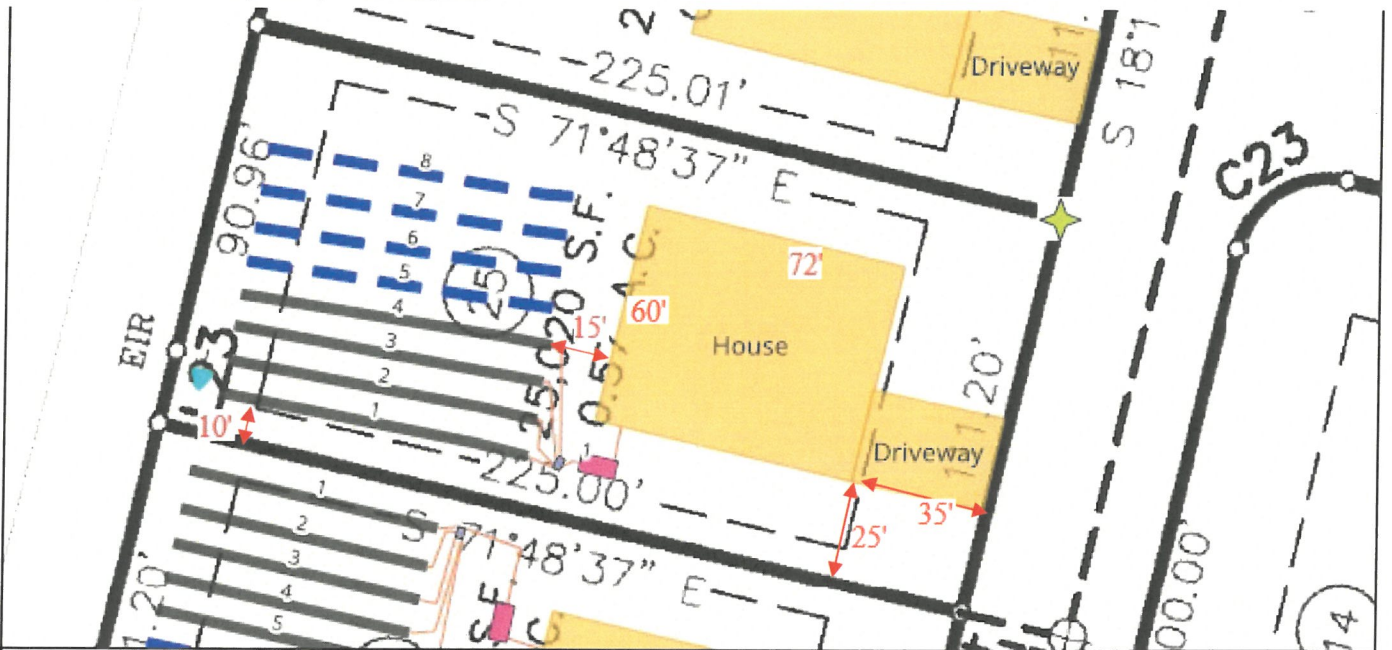
**Repair System**

System Type: Type IIIbg Saprolite System No  
 Design LTAR 0.35 gal/day/ft<sup>2</sup> Fill System No  
 Trenches: Accepted (25% reduction) System  
 Total Trench Length (ft): 344 configuration: 4 X 86ft (X 3ft)  
 Trench Spacing 9 ft on center  
 Usable soil depth (inches) 33 Soil Cover 6 inches  
 Maximum Trench Depth of 18 inches, measured on downhill side of trench  
 Pump Required Yes

Potential Drainlines flagged at site on 9-ft centers.

Line #	Color	Relative Elev. West (ft)	Relative Elev. East (ft)	Drainline Length(ft)
1	W	101.49	101.39	86
2	B	101.41	101.37	86
3	Y	101.46	101.47	86
4	R	101.44	101.36	86
5	W	101.50	101.31	86
6	B	101.44	101.17	86
7	Y	101.46	101.19	86
8	R	101.33	101.09	86
<b>Septic Tank:</b>		101.32		
<b>Reference Elev:</b>			<b>100.00</b>	

Figure 2 Septic System Layout



Notes:

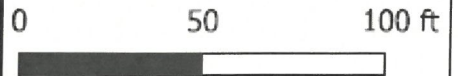
- \*No grading or removal of soil in initial or repair areas
- \*Property lines per owner
- \*Trench bottoms shall be level to +/- 1/4" in 10ft
- \*All parts of septic system must meet minimum setbacks:
  - 10' from property line
  - 5' from foundation (15' from basement)
  - 10' from water line
  - 1ft from sidewalks and driveway

Legend

- Reference Elevation
- House
- drainlines
  - Initial
  - Repair
  - supply/conveyance
- Septic Components
  - Septic Tank
  - Distribution Box



Map for reference only.  
Not a survey.



Hal Owen & Associates Inc.  
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919-893-8743

Lot 25  
Riverfall Subdivision  
Phase 1

Figure 2  
Septic System Layout





Repair System Specifications

DESIGN FLOW 480 gal/day

SOIL LTAR: 0.35 gpd/ft<sup>2</sup>

TANKS (minimum) Septic Tank: 1000 gallons Pump Tank: 1000 gallons

TRENCHES Drainline Type: Accepted (25% reduction) System

Trench depth: 18 inches (low side) Trench width: 3 ft  
 Trench Length Factor: 75 % Effective Trench Width: 4 ft  
 Absorption Area: 1029 ft<sup>2</sup> Minimum Linear Length: 343 ft

**PRESSURE MANIFOLD DESIGN CRITERIA**

MANIFOLD # Taps 4 Tap Configuration: 6in. spacing, 1 side of manifold  
 Length (ft): 3.5 Diameter: 4" sch 80 pvc Elevation: 102.31

**TAP CHART**

Tap #	Line Number	Color	Relative Elevation	Drainline Length(ft)	Tap Size/Schedule	Flow/tap (gpm)	LTAR (gpd/ft <sup>2</sup> )
1	5	W	101.31	86	1/2"sch 40	7.11	0.465
2	6	B	101.17	86	1/2"sch 40	7.11	0.465
3	7	Y	101.19	86	1/2"sch 40	7.11	0.465
4	8	R	101.09	86	1/2"sch 40	7.11	0.465

Total Drainline: 344 Total Flow: 28.44

Target LTAR\*: 0.47

LTAR + 5%: 0.490

**PUMP CALCULATIONS**

Total Flow: 28.44 gpm

Design Head (ft): 2.0

Daily Pump Run Time: 16.88 min (Daily Flow/Total Flow)

Dose Volume: 168.47 gallons with Pipe Volume at 75 % (65.3gal/100ft pipe)

Dose Pump Run 5.92 minutes (Dose Vol/Total Flow)

\* Target LTAR: Convert LTAR for non-conventional drainline types by dividing by trench length factor

**MANIFOLD DIAGRAM:**

