

Harnett County Environmental Health

File/Permit Number: SFD2501-0009

IMPROVEMENT PERMIT

County: Harnett
PIN/Lot Identifier: 0693-00-6681.000 Lot 17
Owner: DRB GROUP NORTH CAROLINA LLC Applicant: DRB GROUP NORTH CAROLINA LLC
Property Location: 231 ALDEN WAY ANGIER, NC 27501
Subdivision (if applicable) CAMPBELL RIDGE Lot #: 17 Block: _____ Section: _____
New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: SFD 50' x 63.4'
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .3 Proposed LTAR (Repair): .35
Proposed Wastewater System Type*: 25% Reduction System (Initial) Pump Required: ☒ Yes ☐ No ☐ May be required
Proposed Wastewater System Type*: 25% Reduction System (Repair) Pump Required: ☐ Yes ☐ No ☒ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ☒ No Saprolite System (Repair): ☐ Yes ☐ No
Fill System (Initial): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 30" Usable Depth to LC (Repair)*: 38" * Limiting Condition
Max. Trench Depth (Initial)*: 18" Max. Trench Depth (Repair)*: 18"-24" * Measured on the downhill side of the trench
Artificial Drainage Required: ☐ Yes ☒ No If yes, please specify details: _____
Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ☒ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☒ No ☐
Permit valid for: ☒ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

No Foundation or Gutter Drains to be Directed Towards Septic System.
No Cutting or Grading of Soil in Septic or Septic Repair Area.

Authorized Agent's Printed Name: Ren Levocz

Expiration Date: 3-12-30

Authorized Agent's Signature: [Signature]

Date: 3-12-25

See attached site sketch

The issuance of this permit 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 permit 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 provisions of 15A NCAC 18E and to the conditions of this permit.

Harnett County Environmental Health

File/Permit Number: SFD2501-0009

CONSTRUCTION AUTHORIZATION

County: Harnett PIN/Lot Identifier: 0693-00-6681.000 Lot 17
Owner: DRB GROUP NORTH CAROLINA LLC Applicant: DRB GROUP NORTH CAROLINA LLC
Property Location: 231 ALDEN WAY ANGIER, NC 27501
Facility Type: SFD 50' x 63.4'

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Type of Wastewater System* 25% Reduction System (Initial) 25% Reduction System (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 480 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 400' feet Trench/Bed Spacing: 9' feet on center

Trench/Bed Width: 36" inches LTAR 3 gpd/ft² Usable Depth to LC (Initial)*: 30" ¹Limiting condition

Soil Cover: 6" inches Slope Corrected Maximum Trench/Bed Depth¹: 18" inches ¹Measured on the downhill side of the trench

Pump Tank Size (if applicable): 1,000 gallons Requires more than one pump? ☐ Yes ☐ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☒ Serial ☒ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: 4 - 100's

Artificial Drainage Required: Yes ☐ No ☐ If yes, please specify details: _____

Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ☐ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☐ No

Declaration of Restrictive Covenants: ☐ Yes ☐ No Pre-Construction Conference Required: Yes ☐ No ☒

Management Entity Required: ☐ Yes ☐ No Minimum O&M Requirements: _____

Conditions: No Foundation or Gutter Drains to be Directed Towards Septic System.

No Cutting or Grading of Soil in Septic or Septic Repair Area.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Ren Levocz

Expiration Date: 3-12-30

Authorized Agent's Signature: [Signature]

Date: 3-12-25

See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0693-00-6681.000

Permit Number SFD2501-0009

DRB GROUP NORTH CAROLINA LLC

Applicant's Name

Authorized State Agent

CAMPBELL RIDGE Lot 17

Subdivision/Section/Lot Number

3-12-25

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = N-S

