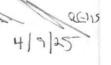
## Harnett County Environmental Health

	File/Permit Number: SFD2503-0183
	IMPROVEMENT PERMIT
County: Harnett	
PIN/Lot Identifier: 0642-96-4274.	000
Owner: KB Home	Applicant:
Property Location: 91 Brodhead	
Subdivision (if applicable) Birchwoo	d Grove Lot #: 152 Block: Section:
	Expansion System Relocation Change of Use
Facility Type: SFD(42'x50')	
Number of bedrooms: 3 Num	per of Occupants: 6 Other:
Design Wastewater Strength: Dor	
Proposed Design Daily Flow: 360	GPD Proposed LTAR (Initial): .35 Proposed LTAR (Repair): .4
	Accepted (Initial) Pump Required: Yes No May be required
Proposed Wastewater System Type*	
*Please include system classification	or proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard:   DSE HS	E NSF/ANSI 40 TS-II RCW
Saprolite System (Initial): Yes	No Saprolite System (Repair): Yes No
Fill System (Initial): Yes No I	yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): Yes No	f yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)x: 38	Usable Depth to LC (Repair)x: 38 x Limiting Condition
Max. Trench Depth (Initial)‡: 24	Max. Trench Depth (Repair) <sup>‡</sup> : 24
	No If yes, please specify details:
	Public well Shared well Municipal Supply Spring Other:
	ts of Rule .0508: Yes No Drainfield location meets requirements of Rule .0601: Yes No
	an submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]
Permit conditions:	
Authorized Agent's Printed Name: O	iver Tolksdorf Expiration Date: 4/10/30
Authorized Agent's Signature:	Page: 4/10/25
The issuance of this permit in no appropriate governing bodies in intended use changes. The Impro	*See attached site sketch*  way guarantees the issuance of other permits. The permit holder is responsible for checking with meeting their requirements. This permit is subject to revocation if the site plan, plat, or the overment Permit shall not be affected by a change in ownership of the site. This permit is subject is of 15A NCAC 18E and to the conditions of this permit.
NCDHHS/DPH/EHS/OSWP	Revised January 2022

## Harnett County Environmental Health

	File/Permit Number: SFD250	03-0183
	CONSTRUCTION AUTHORIZATION	
County: Harnett	PIN/Lot Identifier: 0642-96-4274.000	
Owner: KB Home	Applicant:	
Property Location: 71 Brodhead		
Facility Type: SFD (42'x50')		
	nber of Occupants: 6 Other:	
New Expansion		
Basement? Yes	No Basement Fixtures? Yes No	
Crawl Space? Yes	No Slab Foundation? ■ Yes No	
Type of Wastewater System* Acce		(Repair
	of or proposed wastewater system types in accordance with Rule .1301 Table XXXII	(Nepair
000	GPD Wastewater Strength: Domestic High Strength Industrial Proc	cess Wastewater
	ilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)?	
(if yes, please provide engineering do		III NO
Effluent Standard: DSE HS	ISE NSF/ANSI 40 TS-I TS-II RCW	
Type of Water Supply: Private we	ell 🔲 Public well 🔲 Shared well 🔳 Municipal Supply 🔲 Spring 🔲 Other:	
Installation Requirements/Condition	ons	
	s Total Trench/Bed Length: 320 feet Trench/Bed Spacing: 9 feet on center	
	s LTAR: .35 gpd/ft <sup>2</sup> Usable Depth to LC (Initial) <sup>x</sup> : 38 xLimitia	ing condition
	Corrected Maximum Trench/Bed Depth <sup>‡</sup> : 24 inches * Measured on the downhill side	
	gallons Requires more than one pump?  Yes No	
	Hvs GPM Grease Trap Size (if applicable): gallons	
	D-Box or Parallel Pressure Manifold(s) LPP Other:	
The same and the s	No I If yes, please specify details:	
	"Yes" to any type of legal agreements, please attach a copy of the agreement.)	
Multi-party Agreement Required [Ru		
	chment Agreement Required [Rule .0204(d)]: Yes No	
Declaration of Restrictive Covenants		
Management Entity Required: Ye	/es ■ No Minimum O&M Requirements:	
with the attached site sketch. <u>This construction</u> Authorization shall no	are incorporated by reference into this permit and shall be met. Systems shall be installed Construction Authorization is subject to revocation if the site plan, plat, or the intended use of the affected by a change in ownership of the site. This Construction Authorization is subject to 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.	changes. The
Authorized Agent's Printed Name:		
Authorized Agent's Signature:		
	*See attached site sketch*	

NCDHHS/DPH/EHS/OSWP



System: ####### Repair: ———

\*Keep tanks and drain lines 10' from property lines.

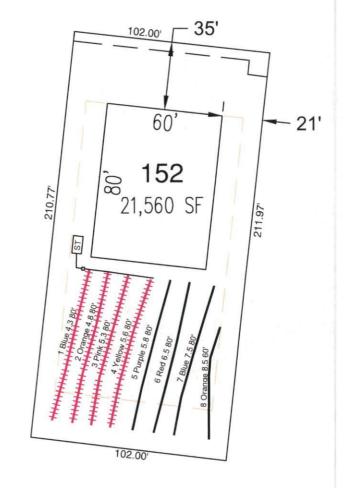
\*Not a survey.

\*Not a guarantee of a septic permit.

\*Keep supply lines >5' from property lines.

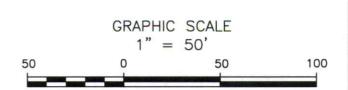
\*Some lines are flagged longer in the field than lengths indicate.

\*No grading septic area.



System: Pressure manifold Lines: 1-4, (320') Accepted Status System 0.35 Soil LTAR 24" Trench Bottom

Repair: Pressure Manifold Lines: 5-8, (300') Accepted Status System 0.4 Soil LTAR 24" Trench Bottom





Central Carolina Soil Consulting, PLLC 1900 South Main Street, Suite 110 Wake Forest, North Carolina 27587 Phone (919)569-6704 Fax (919)569-6703

3—Bedroom Septic Layout Lot 152, Birchwood Grove Subdivision Harnett County, North Carolina Job# : 3753 Drawn By : LW Date : 01/09/2024 Revision: