Harnett County Environmental Health

		File/Permit Number: SFD2504-0008				
	IMI	PROVEMENT PERMI				
County: Harnett						
PIN/Lot Identifier: 0642-96-6291.	000					
		Auglierati				
Owner: KB Home Property Location: 49 Brodhead	-					
Property Location: 45 Broameda Subdivision (if applicable) Birchwood			0 811-	Castian		
Facility Type: SFD(60'x49')		System Relocation				
Number of bedrooms: 3 Num	ber of Occupants: 6	Other:				
Design Wastewater Strength: 🔳 Do			Industrial Process Wastewater			
Proposed Design Daily Flow: 360	GPD	Proposed LTAR (Initial): .35	Proposed LTAR (Repair): _	.35		
Proposed Wastewater System Type*	Accepted	(Initial) P	rump Required: 🔳 Yes 🗌 No	May be required		
Proposed Wastewater System Type*	Panel Block	(Repair) P	ump Required: 🔳 Yes 🗌 No	May be required		
*Please include system classification	for proposed wastewa	ter system types in accordance v	vith Rule .1301 Table XXXII			
Effluent Standard:	SE NSF/ANSI 40	TS-I TS-II RCW				
Saprolite System (Initial): Yes	No Saprolite S	System (Repair): 🗌 Yes 🔳 No				
Fill System (Initial): Yes No	If yes, specify: New	Existing (when adding mo	re than 6 inches of fill to system	area provide a fill plan)		
Fill System (Repair): Yes No	If yes, specify: New	Existing (when adding mo	ore than 6 inches of fill to system	area provide a fill plan)		
Usable Depth to LC (Initial)x: 48		Usable Depth to LC (Repair) ^x : <u>3</u>	6 × Limiting Cor	ndition		
Max. Trench Depth (Initial)‡: 36	Max. Tren	ch Depth (Repair)‡: 24	[‡] Measured on the down	hill side of the trench		
Artificial Drainage Required: Yes	No If yes, please	specify details:				
Type of Water Supply: Private we	ell Public well	Shared well Municipal :	Supply Spring Other	"		
Drainfield location meets requireme	nts of Rule .0508: Yes	■ No Drainfield locatio	n meets requirements of Rule .0	601: Yes 🔳 No 🗌		
Permit valid for: Five years [site p	olan submitted pursuan	t to GS 130A-334(13a)] 🔲 No	expiration [plat submitted pursu	ant to GS 130A-334(7a)]		
Permit conditions:						
	-					
Authorized Agent's Printed Name:	Oliver Tolksdorf		Expiration Date	2: 4/10/30		
Authorized Agent's Signature:	The Poly	RUIT	Date: 4/10/25	5		
	*\$	ee attached site sketch	*			
The issuance of this permit in no appropriate governing bodies in intended use changes. The Imputo compliance with the provisio	meeting their requi	rements. <u>This permit is subje</u> all not be affected by a chang	ect to revocation if the site pl ge in ownership of the site. 1	an, plat, or the		

NCDHHS/DPH/EHS/OSWP

Harnett County Environmental Health

				File/Permit Number: SFD2504-000	8
		со	NSTRUCTION AUTHORIZ		1 1
County: Harnet	t	PI	N/Lot Identifier: <u>0642-96-629</u>	1.000	
Owner: KB Hor				t:	
Phillipporture and the second	n: 49 Brodhead				
Facility Type: SF					
		ber of Occupants:	6 Other:		
New	Expansion	Repair			
Basement?	Yes		Basement Fixtures?		
Crawl Space?	_	No		(America)	
• • • • • • • • • • • • • • • • • • • •	ater System* Acce		(Initial)	Panel Block	(Repair)
			tewater system types in accordan	ace with Rule .1301 Table XXXII	
Design Daily Flow				☐ High Strength ☐ Industrial Process Was	tewater
	gineering Design Uti ovide engineering do		ctures and Low-flow Technologies	s (S.L. 2013-413 and 2014-120)? Yes No	
Effluent Standard	d: 🔳 DSE 🔲 H	SE NSF/ANSI	40 TS-I TS-II RC	W	
Type of Water Su	ipply: Private we	II Public wel	II Shared well Municip	pal Supply Spring Other:	
Installation Requ	uirements/Conditio	ns .			
Septic Tank Size:	1000 gallons	Total Trench/B	ed Length: 370 feet Tren	ich/Bed Spacing: 9 feet on center	
				to LC (Initial) ^x : 48 xLimiting condi	ition
				inches * Measured on the downhill side of the tr	
			Requires more than one pun		
Pump Requireme	ents: ft. TDH	vs GPM	Grease Trap Size (if applicab	le): gallons	
Distribution Met	hod: Serial	D-Box or Parallel	Pressure Manifold(s)	LPP Other:	
Artificial Drainag	e Required: Yes	No If yes, p	lease specify details:		
Legal Agreement	ts (If the answer is "	Yes" to any type oj	f legal agreements, please attach	a copy of the agreement.)	
Multi-party Agre	ement Required [Ru	le .0204(g)]: Y	es No		
Easement, Right-	of-Way, or Encroac	nment Agreement	Required [Rule .0204(d)]: Ye	s No	
Declaration of Re	estrictive Covenants	: Yes No	Pre-Construc	ction Conference Required: Yes No No	
Management En	tity Required: Y	es 🔳 No Minim	num O&M Requirements:		
Conditions:				*	
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with the attache Construction Au	ed site sketch. <i>This</i> thorization shall no	Construction Authors to be affected by a	orization is subject to revocation	d shall be met. Systems shall be installed in according the site plan, plat, or the intended use changes. This Construction Authorization is subject to conce conditions of this permit.	. The
Authorized Agen	t's Printed Name:	Oliver Tolksdorf	f	Expiration Date: 4/10/30	
	t's Signature:	1. 14/	REM	Date: 4/10/25	
			*San attached site sket		

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