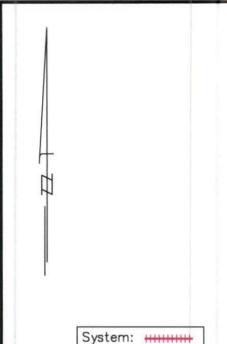
## Harnett County Environmental Health

	File/Permit Number: SFD2504-0009
	IMPROVEMENT PERMIT
County: Harnett	
PIN/Lot Identifier: 0642-96-5283	000
Owner: KB Home	
	Applicant:
	d Grove Lot #: 151 Block: Section:
Facility Type: SFD(51'x50')	Expansion System Relocation Change of Use
Number of bedrooms: 3 Num	ber of Occupants: 6 Other:
Design Wastewater Strength: 🔳 Do	nestic High Strength Industrial Process Wastewater
Proposed Design Daily Flow: 360	GPD Proposed LTAR (Initial): .35 Proposed LTAR (Repair): .35
Proposed Wastewater System Type*	Accepted (Initial) Pump Required:  Yes No May be required
Proposed Wastewater System Type*	Accepted (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 🔲 H	SE NSF/ANSI 40 TS-I TS-II RCW
Saprolite System (Initial): Yes	No Saprolite System (Repair): ☐ Yes ■ No
Fill System (Initial): Yes No	f 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)x: 32	Usable Depth to LC (Repair) <sup>x</sup> : 32
	Max. Trench Depth (Repair) <sup>‡</sup> : 18 <sup>‡</sup> Measured on the downhill side of the trench
Artificial Drainage Required: Yes	■ No If yes, please specify details:
Type of Water Supply: Private we	II Public well Shared well Municipal Supply Spring Other:
Drainfield location meets requireme	nts of Rule .0508: Yes  No Drainfield location meets requirements of Rule .0601: Yes No No
Permit valid for: Five years [site	lan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]
Permit conditions:	
Authorized Agent's Printed Name:	liver Tolksdorf Expiration Date: 4/10/30
Authorized Agent's Signature:	Date: 4/10/25
Authorized Agent 3 Signature.	*See attached site sketch*
	"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
	ovement Permit shall not be affected by a change in ownership of the site. This permit is subject
to compliance with the provisio	s of 15A NCAC 18E and to the conditions of this permit.
NCDHUS /DDH /EUS /OSW/D	0-1

## **Harnett County Environmental Health**

	File/Permit Number: SFD2504-0009
	CONSTRUCTION AUTHORIZATION
County: Harnett	PIN/Lot Identifier: 0642-96-5283.000
Owner: KB Home	Applicant:
Property Location: 71 Brodhead	
Facility Type: SFD (51'x50')	
	ber of Occupants: 6 Other:
■ New Expansion	Repair System Relocation Change of Use
Basement? Yes	■ No Basement Fixtures?
Crawl Space? Yes	No Slab Foundation? ■ Yes No
Type of Wastewater System* Acce	epted (Initial) Accepted (Repair)
	for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Design Daily Flow: 360	GPD Wastewater Strength: Domestic High Strength Industrial Process Wastewater
Rule .0403(e) Engineering Design Util (if yes, please provide engineering do	izing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? Yes No cumentation)
Effluent Standard: DSE HS	SE NSF/ANSI 40 TS-I TS-II RCW
Type of Water Supply: Private we	II ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:
Trench/Bed Width: 36 inches  Soil Cover: 6 inches Slope C  Pump Tank Size (if applicable): 1000  Pump Requirements: ft. TDH  Distribution Method: Serial   Artificial Drainage Required: Yes   Legal Agreements (If the answer is "Multi-party Agreement Required [Ru	Total Trench/Bed Length: 375
	nment Agreement Required [Rule .0204(d)]: ☐ Yes ■ No
Declaration of Restrictive Covenants	
	No Minimum O&M Requirements:
Conditions:	
with the attached site sketch. <u>This Construction Authorization shall not with the provisions of 15A NCAC 18</u>	are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The be affected by a change in ownership of the site. This Construction Authorization is subject to compliance of the Standard NCAC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name:	Niver Tolksdorf Expiration Date: 4/10/30
Authorized Agent's Signature:	Date: 4/10/25
	*See attached site sketch*

NCDHHS/DPH/EHS/OSWP



Repair:

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

\*Not a survey.

\*Not a guarantee of a septic permit.

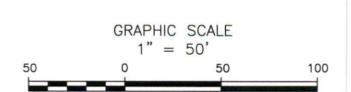
\*Keep supply lines >5' from property lines.

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

\*No grading septic area.

System: Pressure manifold Lines: 4-7, (375') Accepted Status System 0.35 Soil LTAR 18" Trench Bottom

Repair: Pressure manifold Lines: 1-3, (240') Accepted Status System 0.375 Soil LTAR 18" 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

4—Bedroom Septic Layout Lot 151, Birchwood Grove Subdivision Harnett County, North Carolina Job# : 3753 Drawn By : LW Date : 01/09/2024 Revision: