

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Chief Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes: ☐ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee \$ _____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: _____

PIN/Lot Identifier: _____

Issued To: _____

Property Location: _____

Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☐ No ☐

If yes, name and license number of LSS: _____

New ☐

Expansion ☐

System Relocation ☐

Change of Use ☐

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

Design Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: _____ GPD Proposed LTAR (Initial): _____ Proposed LTAR (Repair): _____

Proposed Wastewater System Type*: _____ (Initial) Pump Required: ☐ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: _____ (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)*: _____ Usable Depth to LC (Repair)*: _____ *** Limiting Condition**

Max. Trench Depth (Initial)*: _____ Max. Trench Depth (Repair)*: _____ *** 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:

Licensed Soil Scientist Print Name: _____

Licensed Soil Scientist Signature: Heath Clapp Date: _____

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date Initials

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. 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.**

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: _____

See attached site sketch

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal,
State, and local laws, regulations, rules, and ordinances.

Signature of Licensed Soil Scientist

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____

Date: _____

☐ Complete

State Authorized Agent: _____

Date: _____

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: _____

Pre-Construction Conference Required: Yes ☐ No ☐

PIN/Lot Identifier: _____

Issued To: _____

Property Location: _____

AOWE/PE Plans/Evaluations Provided: Yes ☐ No ☐ If yes, name and license number of AOWE/PE: _____

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ 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* _____ (Initial) _____ (Repair)

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

Design Daily Flow: _____ GPD Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ 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: _____ gallons Total Trench/Bed Length: _____ feet Trench/Bed Spacing: _____ feet on center

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft² Usable Depth to LC (Initial)*: _____ ^xLimiting condition

Soil Cover: _____ inches Slope Corrected Maximum Trench/Bed Depth*: _____ inches ^{*}Measured on the downhill side of the trench

Pump Tank Size (if applicable): _____ gallons Requires more than 1 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: _____

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 [.0204(g)]: ☐ Yes ☐ No Declaration of Restrictive Covenants: ☐ Yes ☐ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☐ No

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

Permit conditions:

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.

AOWE/PE Print Name: _____

AOWE/PE Signature: Heath Clapp Date: _____

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date Initials

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This

Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date of Issuance: _____

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. 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 the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: _____

See attached site sketch

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date Initials

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable
federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5).
This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____

Date: _____

☐ Complete

State Authorized Agent: _____

Date: _____





Agri-Waste Technology, Inc.
1225 Crescent Green, Suite 250, Cary NC 27518
agriwaste.com | 919.859.0669



**Soil Suitability for Domestic Sewage Treatment and Disposal Systems
Birchwood Trails – Lot 72
79 Thunderbird Lane, Fuquay Varina, NC 27526
(Harnett County)
October 6, 2025**

Soil suitability for domestic sewage treatment and disposal systems was evaluated on October 1, 2025, for the property located at 79 Thunderbird Lane in Fuquay Varina, NC (Harnett County). Heath Clapp of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. This evaluation was done to facilitate permitting for a septic system for a 5-bedroom home. This report and attached documents were prepared *to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).*

A drawing of the site plan, septic layout, septic system design, and soil pit locations is included in Attachment 1. Profile descriptions for each soil boring are included in Attachment 2.

The total property area is approximately 0.56 acres. The house and septic area are an open field. The proposed septic system for the property is a conventional pump, accepted status system for initial and for repair.

Soil Suitability for Domestic Sewage Treatment and Disposal Systems

The drawing in Attachment 1 details the property boundaries, soil pit/boring locations, and layout of drain field trenches. Multiple soil pits and borings were advanced within the proposed septic system area on the property. Soil pits/borings were examined to determine soil suitability for on-site sewage disposal systems in accordance with 15A 18A .1900 Rules for Sewage Treatment and Disposal Systems. All soil pits/borings are suitable for a conventional style trench. Soil pits/borings are within the proposed drainfield area.

The layout shown in Attachment 1 indicates there is available space for a five-bedroom accepted status system. The initial system can be installed with the use of an accepted status drainfield based on the layout in the field.

The proposed LTAR (Long Term Acceptance Rate) by AWT is 0.4GPD/ft². The soils on this property are group III soils within the distribution and treatment zone as used to define the LTAR. With an LTAR of 0.4GPD/ft², 750 linear feet of trench is necessary to support a 5-bedroom home for the initial and repair system with the use of an accepted trench product. The maximum slope corrected trench depth is 22 inches. The attached drawings substantiate that the necessary linear footage of trench can be installed on the property for the initial and repair system.

Any logging, disturbances, or grading done in the usable area or within the proposed setbacks will change the potential of using the area designated for a drainfield. Prior to moving forward with the development on the property, the Harnett County Health Department should be contacted to complete the necessary Construction Oversight and to issue an OP (Operations Permit) for the property once the septic system has been installed.

Conclusions

An IP (Improvement Permit) and CA (Construction Authorization) for this property can be issued with the site plan that is in Attachment 1. A CA permit will be required to secure a building permit for the property. The county issues an Operation Permit after the system has been installed to meet the specifications of the Authorization to Construct. Additional septic layouts have been or will be performed as needed. It will be critical to not disturb any of the proposed septic area or there is a risk that the IP and CA will be revoked. The LSS/AOWE Evaluation and attached documents were prepared *to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The LSS/AOWE evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).*

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

Sincerely,

Heath Clapp, NC LSS



Agri-Waste Technology, Inc.
1225 Crescent Green, Suite 250, Cary NC 27518
agriwaste.com | 919.859.0669

SOIL & SITE EVALUATION for ON-SITE WASTEWATER SYSTEMS

Evaluation Date	10/1/2025	Site Location	79 Thunderbird Lane, Fuquay Varina, NC 27526	County	Harnett
PIN/Parcel	0642-84-3796	Property Size	0.56 acres	Property Recorded	Yes
Proposed Facility	SFR	Bedrooms	5	Wastewater Strength	Domestic
Water Supply	Municipal	Design Flow (.0400)	600	Evaluation Method	Auger

Profile #	.0502 Landscape Position Slope %	Horizon Depth (in)	Soil Morphology		Other Factors				.0509 Profile Class LTAR	.0502(d) Slope Correction
			.0503 Structure Texture	.0503 Consistence Mineralogy	.0504 Soil Wetness Color	.0505 Soil Depth (in)	.0506 Saprolite	.0507 Restrictive Horizon		
1	4%	Ap 0-6"	LS	NS, NP, VFr	10YR 3/3	36	S	S	0.4	1.6
		E 6-10"	LS	NS; NP; VFr	10YR 7/6					
		Bt1 10-36"+	SCL	S; SP; Fi-Fr	2.5YR 5/8					
							System Type		Conventional	
2	4%	Ap 0-6"	LS	NS, NP, VFr	10YR 3/3	34	S	S	0.4	1.6
		E 6-10"	LS	NS; NP; VFr	10YR 7/6					
		Bt1 10-34"	SCL	S; SP; Fi-Fr	2.5YR 5/8					
		Bt2 34"+	SCL	S; P; Fi	2.5YR 5/8		System Type		Conventional	
3	4%	Ap 0-6"	LS	NS, NP, VFr	10YR 3/3	36	S	S	0.4	1.6
		E 6-10"	LS	NS; NP; VFr	10YR 7/6					
		Bt1 10-36"+	SCL	S; SP; Fi-Fr	2.5YR 5/8					
							System Type		Conventional	
4	4%	Ap 0-6"	LS	NS, NP, VFr	10YR 3/3	36	S	S	0.4	1.6
		E 6-10"	LS	NS; NP; VFr	10YR 7/6					
		Bt1 10-36"	SCL	S; SP; Fi-Fr	2.5YR 5/8					
		Bt2 36"+	SCL	S; P; Fi	2.5YR 5/8		System Type		Conventional	
5	4%	Ap 0-10"	LS	NS, NP, VFr	10YR 3/3	36	S	S	0.4	1.6
		E 10-18"	LS	NS; NP; VFr	10YR 7/6					
		Bt1 18-36"	SCL	S; SP; Fi-Fr	2.5YR 5/8					
		Bt2 36"+	SCL	S; SP; Fi	2.5YR 5/8		System Type		Conventional	
6	3%	Ap 0-10"	LS	NS, NP, VFr	10YR 3/3	36	S	S	0.4	1.2
		E 10-16"	LS	NS; NP; VFr	2.5YR 7/6					
		Bt1 16-36"	SCL	S; SP; Fi-Fr	2.5YR 5/8					
		Bt2 36"+	SCL	S; P; Fi	2.5YR 5/8		System Type		Conventional	
Evaluated By:			Site Classification		Suitable	Site Classification		Suitable		
Heath Clapp, LSS			Primary LTAR		0.4	Repair LTAR		0.4		
			Primary Trench Depth		22"	Repair Trench Depth		20"		



Agri-Waste Technology, Inc.
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SOIL & SITE EVALUATION for ON-SITE WASTEWATER SYSTEMS

LEGEND

Soil Group	Soil Texture	Conventional LTAR	Anaerobic Dip LTAR	Aerobic Drip LTAR (TS-II)	Mineralogy &		Structure
					Moist	Wet	
I	S (Sand)	0.8-1.2	0.4-0.6	0.8-1.5	Lo	NS	SG (Single grain)
	LS (Loamy Sand)				(Loose)	(Non Sticky)	M (Massive)
II	SL (Sandy Loam)	0.6-0.8	0.3-0.4	0.6-0.8	VFR (Very Friable)	SS (Slightly Sticky)	GR (Granular)
	L (Loam)				FR (Friable)	S (Sticky)	SBK (Subangular Blocky)
	SiL (Silt Loam)				FI (Firm)	VS (Very Sticky)	ABK (Angular Blocky)
	SCL (Sandy Clay Loam)				VFI (Very Firm)	NP (Non Plastic)	PR (Prismatic)
III	CL (Clay Loam)	0.3-0.6	0.15-0.3	0.2-0.6	EFI (Extremely Firm)	SP (Slightly Plastic)	
IV	SiCL (Silty Clay Loam)	0.1-0.4	0.05-1.5	0.05-0.2		P (Plastic)	PL (Platy)
	SC (Sandy Clay)					VP (Very Plastic)	
	SiC (Silty Clay)				SEXP (Slighty Expansive)		
	C (Clay)				EXP (Expansive)		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2025

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).

PRODUCER Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest NC 27587	CONTACT NAME: Connie Garkalns PHONE (A/C, No, Ext): 984-235-4273 E-MAIL ADDRESS: connie@hartsfield-nash.com FAX (A/C, No): 919-556-8758														
License#: 100009111 AGRITEC-01	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Selective Insurance Company of</td><td>39926</td></tr><tr><td>INSURER B : Accident Fund</td><td>10166</td></tr><tr><td>INSURER C : Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance Company of	39926	INSURER B : Accident Fund	10166	INSURER C : Evanston Insurance Company	35378	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Selective Insurance Company of	39926														
INSURER B : Accident Fund	10166														
INSURER C : Evanston Insurance Company	35378														
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Agri-Waste Technology Inc 501 N. Salem St Ste 203 Apex NC 27502															

COVERAGES**CERTIFICATE NUMBER:** 1304989694**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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			S 2253659	1/18/2025	1/18/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			S 2253659	1/18/2025	1/18/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			S 2253659	1/18/2025	1/18/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	100003072	1/18/2025	1/18/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Prof & Pollution Liability Leased & Rented			MKLV3ENV104794 S 2253659	8/22/2024 1/18/2025	8/22/2025 1/18/2026	Each Claim 5,000,000 Equipment 25,000

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

CERTIFICATE HOLDER**CANCELLATION**Artisan Custom Homes
21016 Catawba Avenue
Cornelius NC 28031
USA

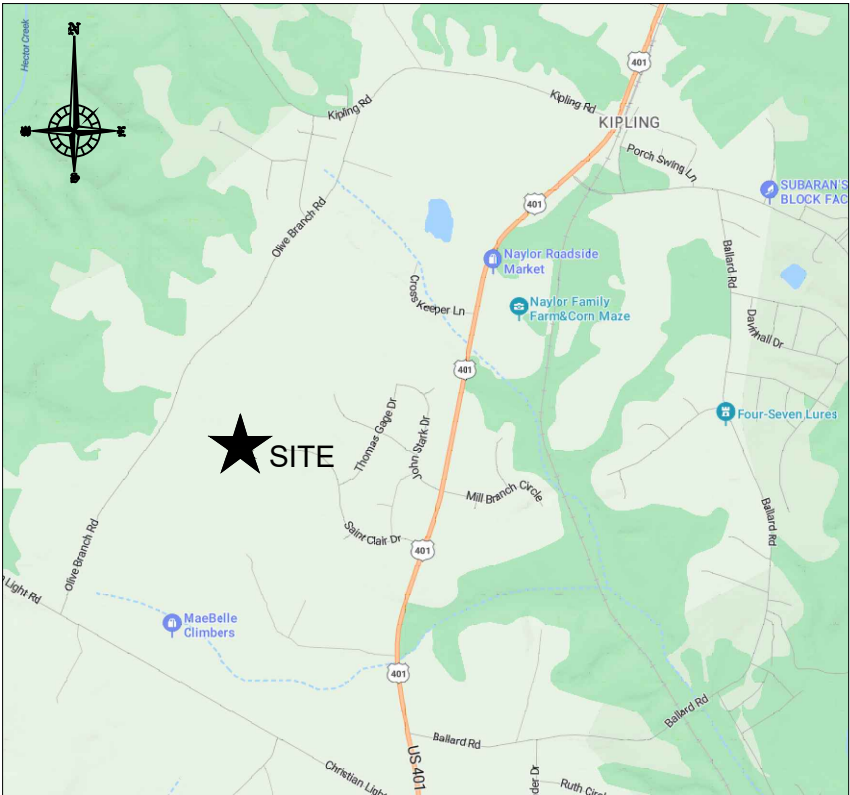
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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BIRCHWOOD TRAILS - LOT 72

Project Location	79 Thunderbird Lane, Fuquay Varina, NC 27526 Harnett County PIN: 0642-84-3796
Project Owner	KB Home 1800 Perimeter Park Drive, STE 140, Morrisville, NC 27560 919-768-7960 enpollock@kbhome.com
Project Consultant	Heath Clapp, LSS, AOWE (919) 629-6404 Jeff Vaughan, LSS, AOWE (919) 367-6313 Agri-Waste Technology, Inc. 1225 Crescent Green, Suite 250 Cary, NC 27518 (919) 859-0669 (919) 233-1970 Fax
System Overview	Single Family Residence Five (5) Bedroom, 600 gpd Conventional Pressure Manifold Accepted/Innovative Trench Product



VICINITY MAP

Sheet Index

Sheet 1	Cover Sheet
Sheet 2	Property Layout
Sheet 3	Primary Drainfield
Sheet 4	Repair Drainfield
Sheet 5	Detail Sheet 1
Sheet 6	Detail Sheet 2

AWT
Engineers and Soil Scientists
Agri-Waste Technology, Inc.
1225 Crescent Green, Suite 250
Cary, North Carolina 27518
919-859-0669
www.agriwaste.com

KB Home
Birchwood Trails - Lot 72

Project Location:
79 Thunderbird Lane,
Fuquay Varina, NC 27526
Harnett County
PIN: 0642-84-3796

Project Owner:
KB Home
1800 Perimeter Park Drive, STE 140,
Morrisville, NC 27560
919-768-7960
enpollock@kbhome.com

NC ONSITE WASTEWATER
EVALUATOR SEAL



REV.	ISSUED DATE	DESCRIPTION
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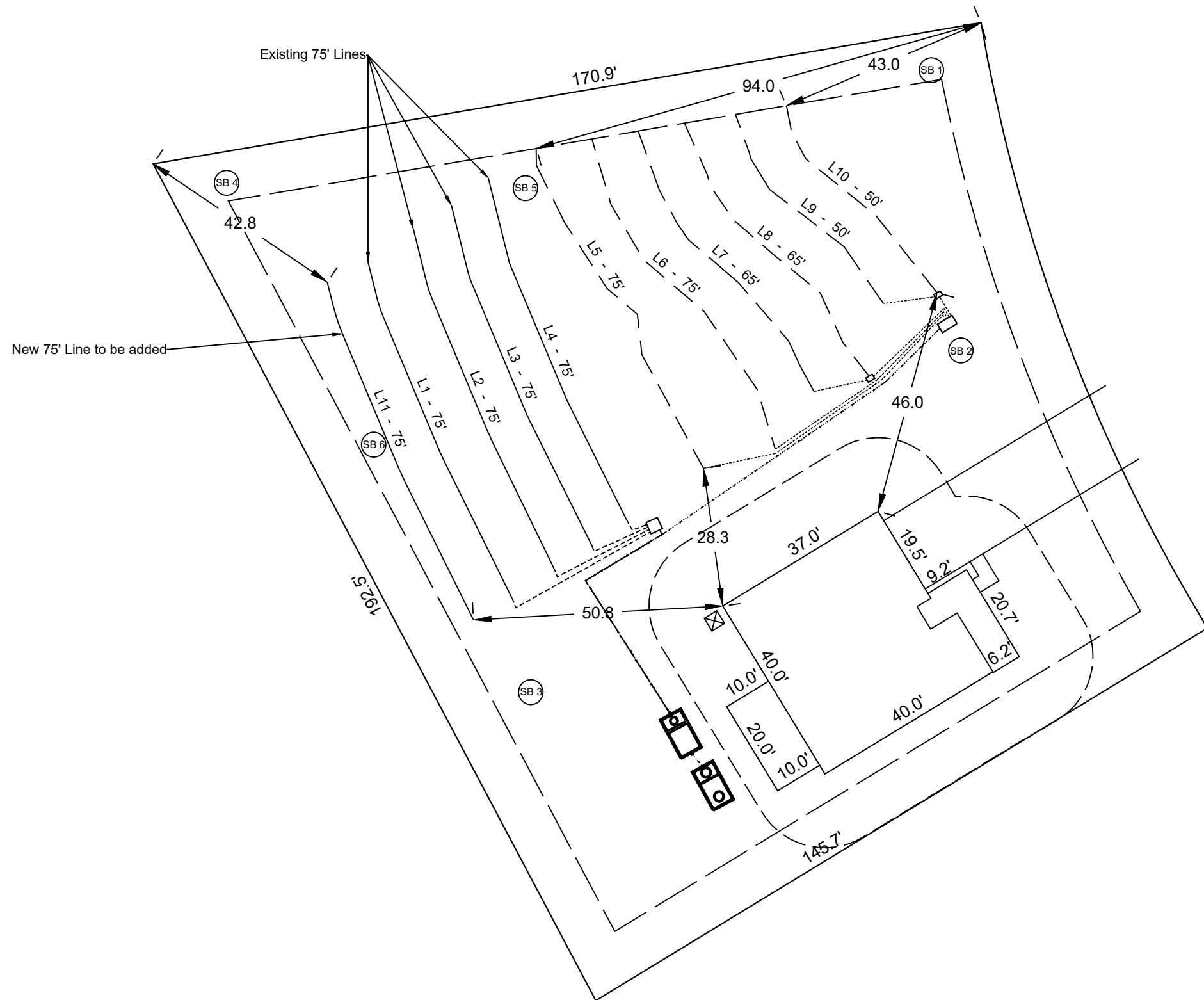
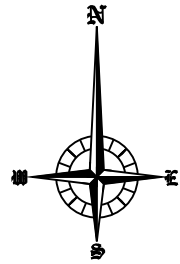
SHEET TITLE
Cover Sheet

DRAWN BY: H. Clapp	CREATED ON: 10/7/2025
REVISED BY: ####	REVISED ON: ####
RELEASED BY: ####	RELEASED ON: ####

DRAWING NUMBER

WW-1





KB Home
Birchwood Trails - Lot 72

Project Location:
79 Thunderbird Lane,
Fuquay Varina, NC 27526
Harnett County
PIN: 0642-84-3796

Project Owner:
KB Home
1800 Perimeter Park Drive, STE 140,
Morrisville, NC 27560
919-768-7960
enpollock@kbhome.com

NC ONSITE WASTEWATER
EVALUATOR SEAL



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SHEET TITLE

Property Layout

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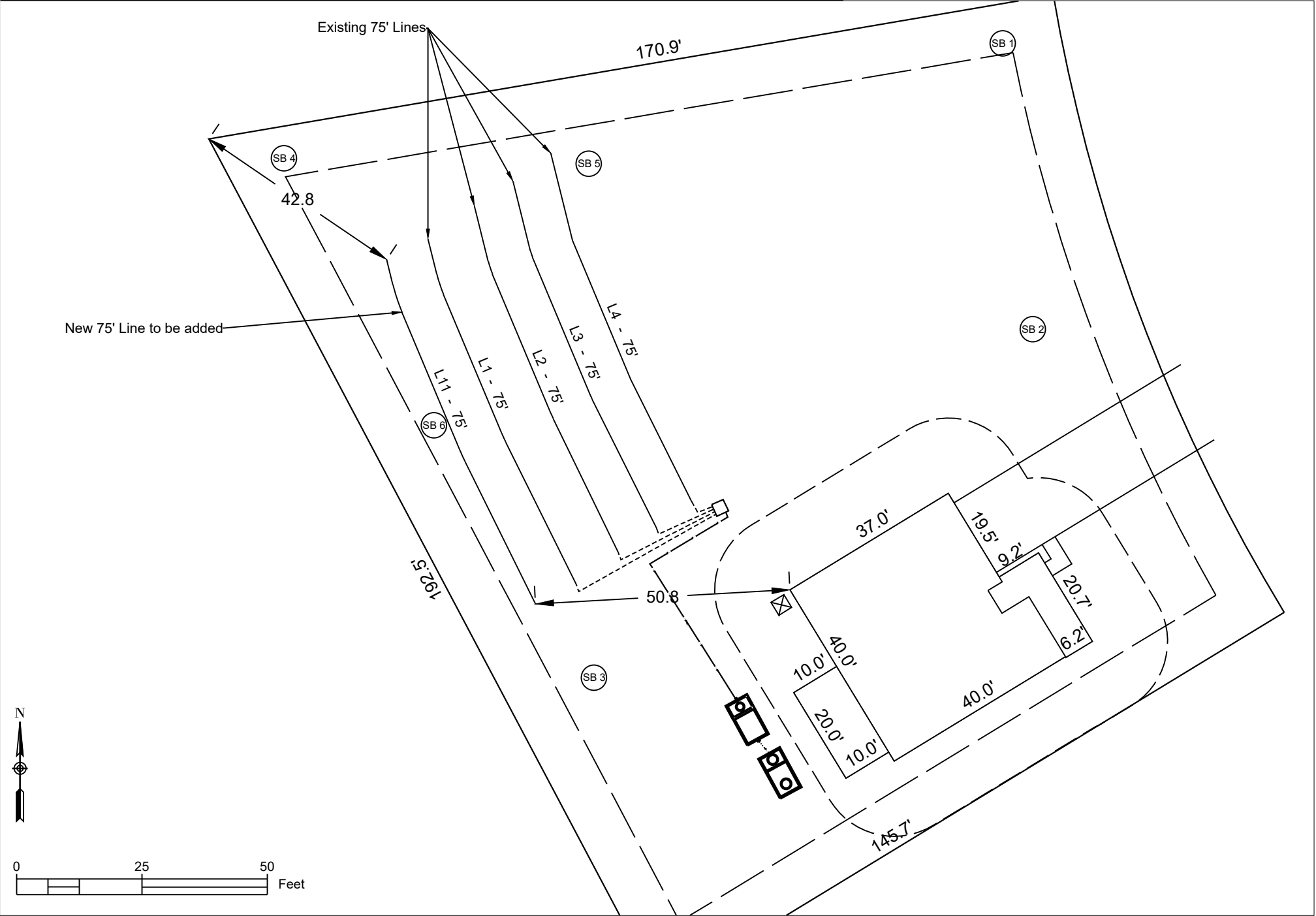
WW-2

General Drainfield Notes:

1. Clear all trees less than 8" in diameter (measured at a height 3' from soil surface) from the drainfield.
2. Vegetation that will re-grow from a cut stump shall be stumped or pulled from the ground. Stumps shall not be pushed over.
3. Drainfield area shall be cleared of all leaves, pine straw, debris, etc. The accumulated material shall be removed from the drainfield.
4. In clayey soils, sides of trenches shall be raked and limed per manufacturer's instructions.
5. Supply lines shall be installed with a minimum of 18" cover.
6. The trenches shall be backfilled appropriately so that no low areas are present.
7. Apply lime over the drainfield area as needed. Seed fine fescue over the drainfield at the rate recommended by the seed manufacturer. Hand rake the seed into the soil surface. Straw the seeded area at the rate of 1.5-2 bales per 1000 sq. ft.

DRAINFIELD INFO. - Primary						
Proposed Type of System/Distribution:			Pump to Pressure Manifold using EZflow			
Line No.	Flag Color	Line Length (ft)	Tap	Flow (gpm)	Flow/Foot (gpm/ft)	Line L.T.A.R.
1	interp	60	1/2in SCH 80	5.48	0.091	0.533
2	interp	60	1/2in SCH 80	5.48	0.091	0.533
3	interp	60	1/2in SCH 80	5.48	0.091	0.533
4	interp	60	1/2in SCH 80	5.48	0.091	0.533
5	interp	60	1/2in SCH 80	5.48	0.091	0.533
Total		300	Total	27.40	Avg.	0.53
Note: Line lengths are calculated in 5' increments to reflect use of EZflow product.						

Note:
Primary distribution is pressure manifold utilizing accepted trench product.



1 Primary Drainfield
SOURCE: Agri-Waste Technology, Inc.



REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
Primary Drainfield

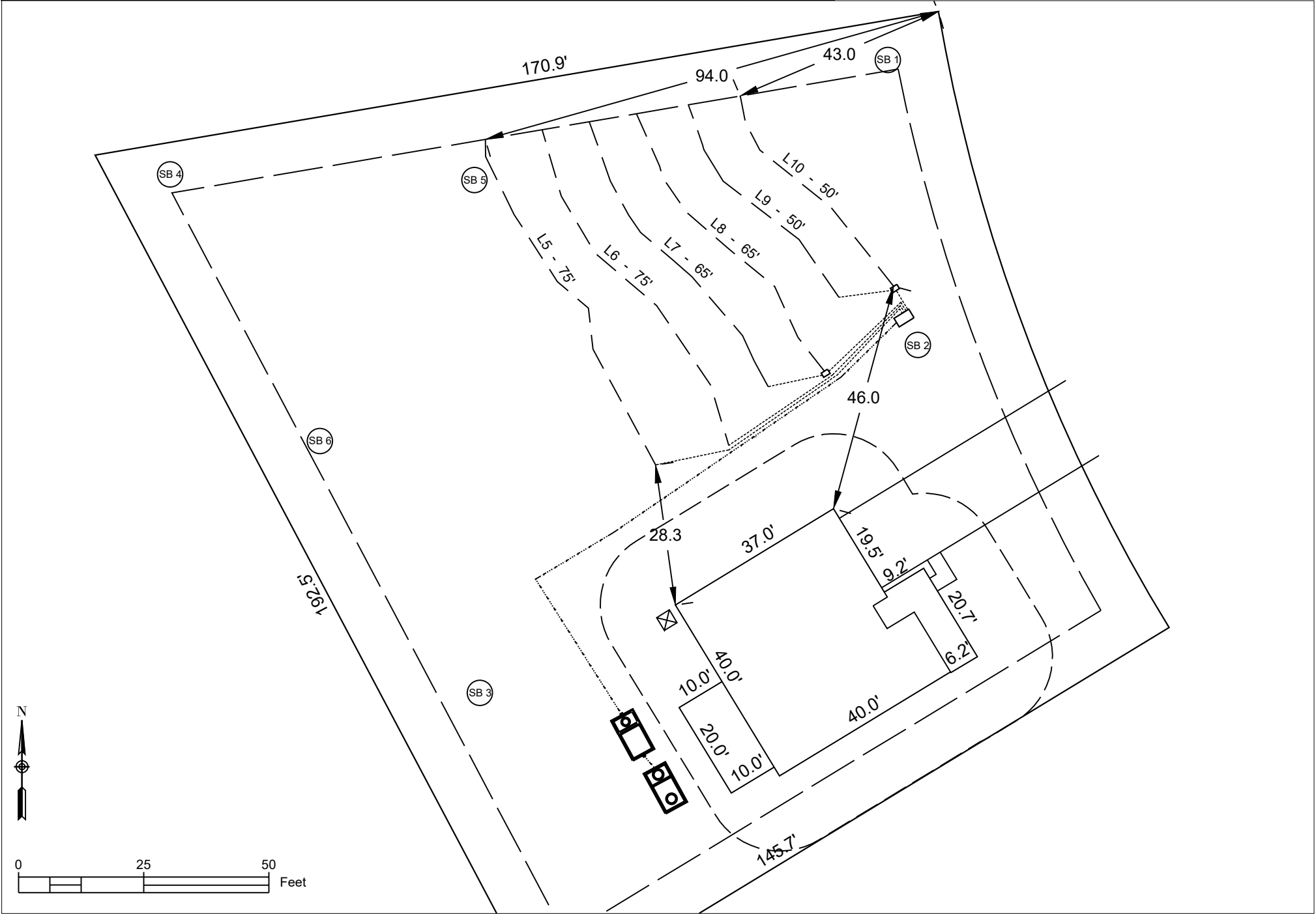
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REVISED BY: ####	REVISED ON: ####
RELEASED BY: ####	RELEASED ON: ####

DRAWING NUMBER
WW-3

- General Drainfield Notes:
- 1. Clear all trees less than 8" in diameter (measured at a height 3' from soil surface) from the drainfield.
 - 2. Vegetation that will re-grow from a cut stump shall be stumped or pulled from the ground. Stumps shall not be pushed over.
 - 3. Drainfield area shall be cleared of all leaves, pine straw, debris, etc. The accumulated material shall be removed from the drainfield.
 - 4. In clayey soils, sides of trenches shall be raked and limed per manufacturer's instructions.
 - 5. Supply lines shall be installed with a minimum of 18" cover.
 - 6. The trenches shall be backfilled appropriately so that no low areas are present.
 - 7. Apply lime over the drainfield area as needed. Seed fine fescue over the drainfield at the rate recommended by the seed manufacturer. Hand rake the seed into the soil surface. Straw the seeded area at the rate of 1.5-2 bales per 1000 sq. ft.

DRAINFIELD INFO. - Repair						
Proposed Type of System/Distribution: Pump to Pressure Manifold using Chambers						
Line No.	Flag Color	Line Length (ft.)		Flow (gpm)	Flow/Foot (gpm/ft)	Line L.T.A.R.
5	w	75	1/2in SCH 80	5.48	0.073	0.519
6	b	75	1/2in SCH 80	5.48	0.073	0.519
7	r	65	3/4in SCH 80, Split	5.05	0.078	0.552
8	w	65	3/4in SCH 80, Split	5.05	0.078	0.552
9	b	50	1/2in SCH 40, Split	3.56	0.071	0.505
10	r	50	1/2in SCH 40, Split	3.56	0.071	0.505
Total		380	Total	28.17	Avg.	0.53

Note:
Repair distribution is pressure manifold utilizing accepted trench product.



1 Repair Drainfield
SOURCE: Agri-Waste Technology, Inc.

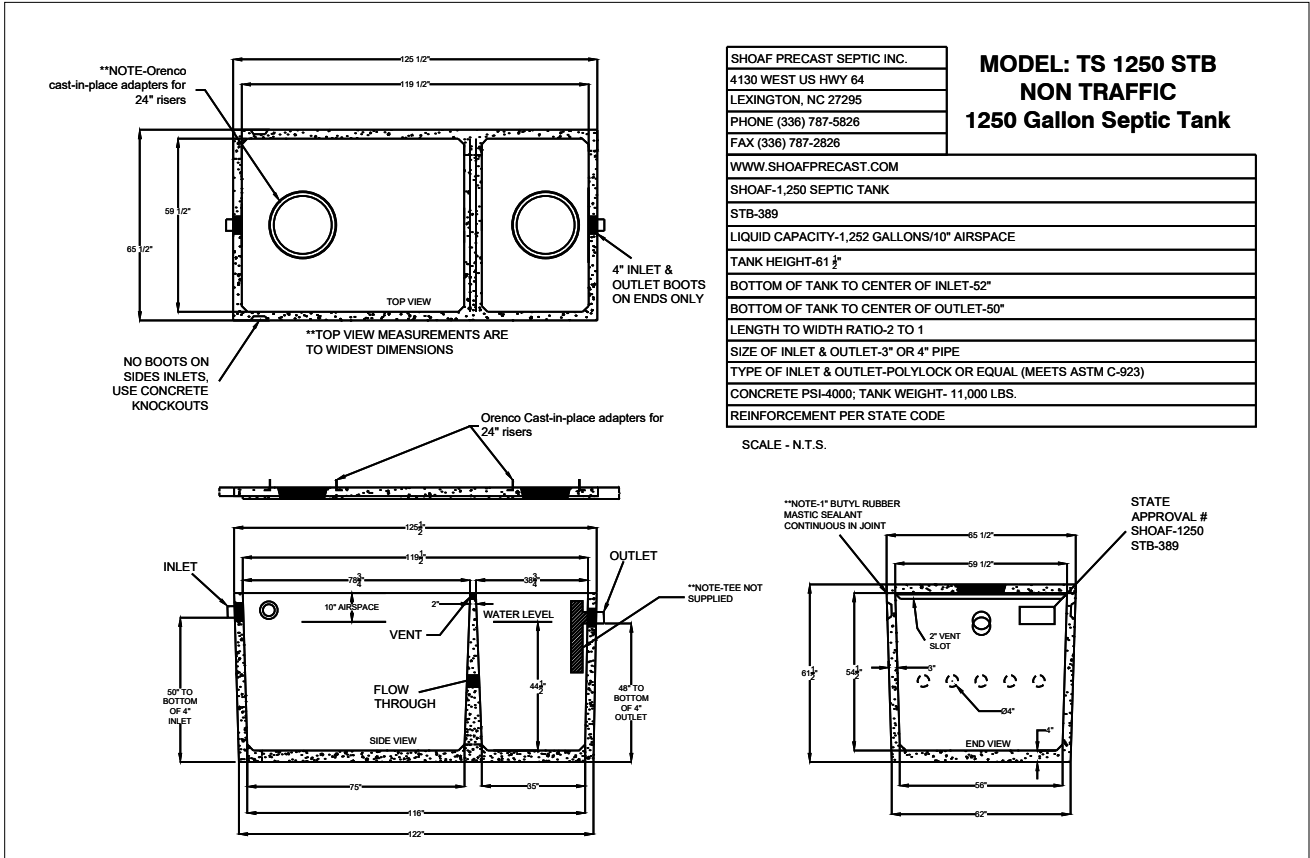


REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
Repair Drainfield

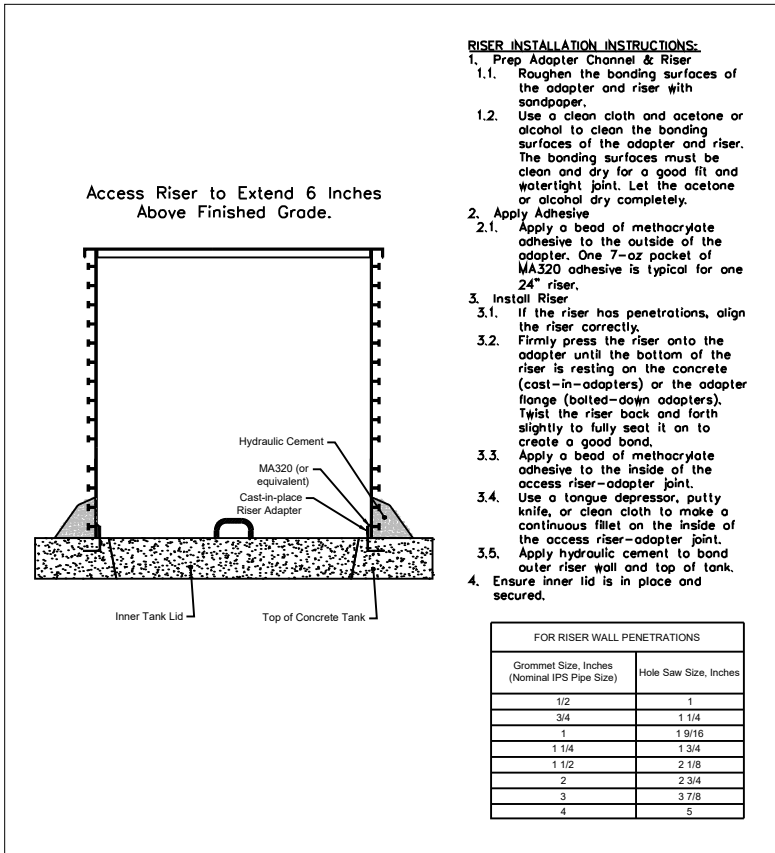
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WW-4

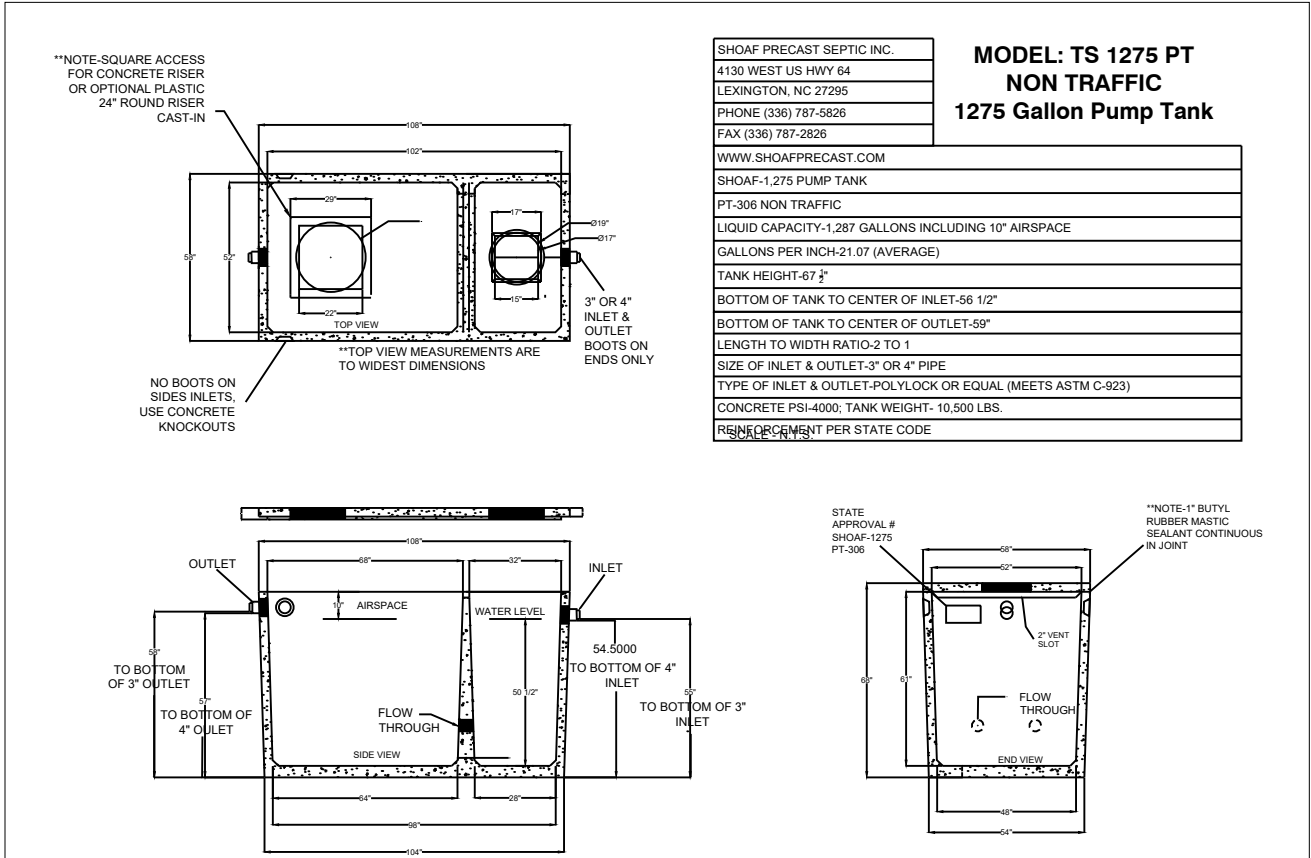


1
WW-5
Septic Tank

SOURCE: Shoaf Precast Septic, Inc.



3
WW-5
Riser Installation



2
WW-5
Pump Tank (or equiv. tank with 1-day storage)

SOURCE: Shoaf Precast Septic, Inc.

NOTES

1. Installation to follow all NC DHHS and Harnett County applicable rules and regulations.
2. Harnett County Health Department to perform construction inspections and final system certification.
3. Septic Tank to have approved effluent filter.
4. Contractor to abide by all safety regulations during system installation.
5. Contractor shall backfill around all access areas such that storm water is shed away from potential entry points.
6. Invert elevations of all components to be verified in field by contractor to insure proper operation.
7. All system piping to be SCH40 PVC (except where noted).
8. All gravity elbows to be long radius or long sweeping type elbows.
9. Actual installation and placement of treatment system to be overseen by Contractor.
10. Tanks to be set on 6" minimum gravel base. Use #5 or #57 stone for base.

11. Contractor to seed and/or mulch disturbed areas to coincide with existing landscape. Area shall not be left with uncovered soil.
12. Mount Control Panel a minimum of 24" above grade.
13. Power to panel to be installed by licensed electrician per code. One 15-amp circuit and one 20-amp circuit with individual neutrals to be run from house to control panel.
14. All risers to have cast-in-place tank adapters and be single-piece riser. Risers to extend 6" above soil surface and be designed to prevent surface water inflow.
15. Backfill around tank(s) shall be gravel or tank hole shall be over-excavated a minimum of 2' in all directions to allow for mechanical tamping of backfill.
16. All penetrations to be sealed.
17. All pressure lines to maintain 18" min. cover.
18. Contractor to adjust tank placement to meet site constraints.

KB Home
Birchwood Trails - Lot 72

Project Location:
79 Thunderbird Lane,
Fuquay Varina, NC 27526
Harnett County
PIN: 0642-84-3796

Project Owner:
KB Home
1800 Perimeter Park Drive, STE 140,
Morrisville, NC 27560
919-768-7960
enpollock@kbhome.com

NC ONSITE WASTEWATER
EVALUATOR SEAL



REV.	ISSUED DATE	DESCRIPTION

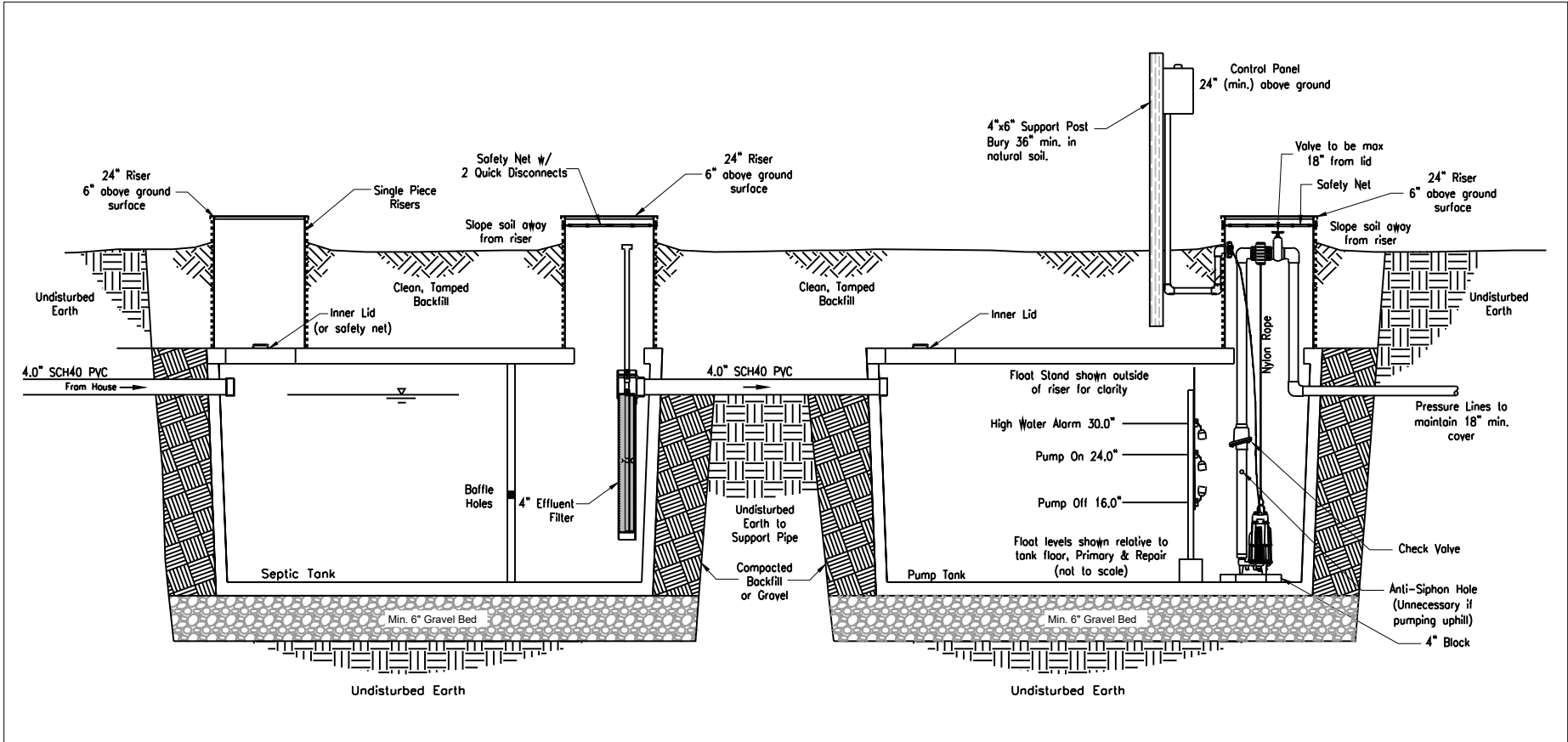
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Detail Sheet 1

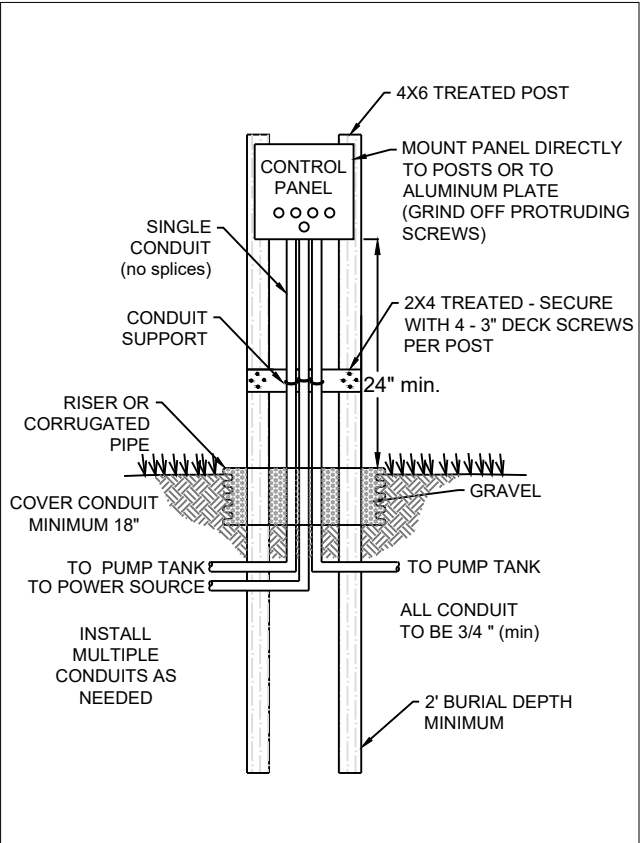
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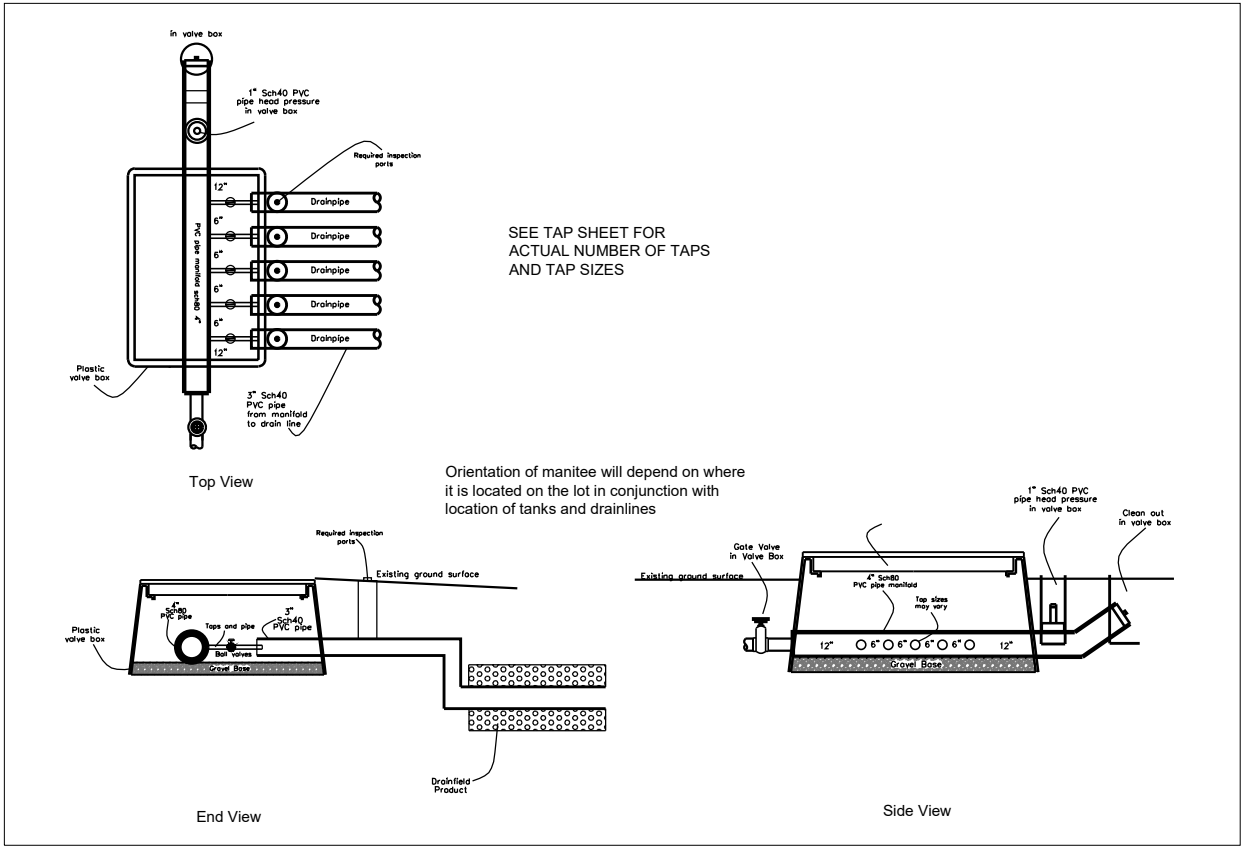
WW-5



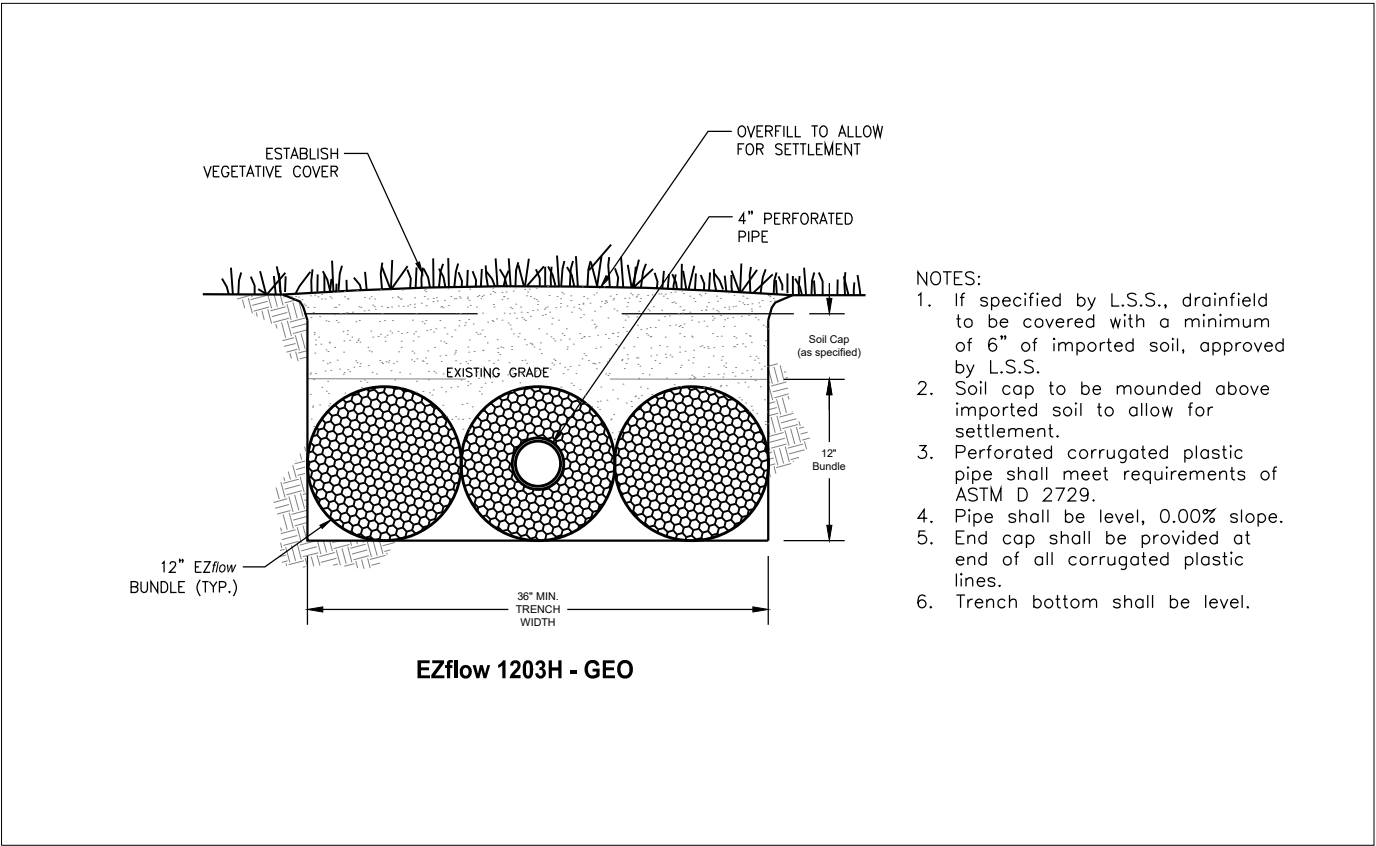
1 SYSTEM PROFILE VIEW
 WW-6 N.T.S.



6 CONTROL PANEL SUPPORT
 WW-6 N.T.S. SOURCE: AWT



4 PRESSURE MANIFOLD INSTALLATION (Manitee) - For Illustration Only
 WW-6 N.T.S. SOURCE: AWT



2 TRENCH X-SECTION (Typical)
 WW-6 N.T.S. Source: AWT

KB Home
 Birchwood Trails - Lot 72

Project Location:
 79 Thunderbird Lane,
 Fuquay Varina, NC 27526
 Harnett County
 PIN: 0642-84-3796

Project Owner:
 KB Home
 1800 Perimeter Park Drive, STE 140,
 Morrisville, NC 27560
 919-768-7960
 enpollack@kbhome.com

NC ONSITE WASTEWATER
 EVALUATOR SEAL



REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
 Detail Sheet 2

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REVISED BY: ####	REVISED ON: ####
RELEASED BY: ####	RELEASED ON: ####

DRAWING NUMBER
WW-6

Septic System Design - Summary Page



Agri-Waste Technology, Inc.
1225 Crescent Green, Suite 250, Cary NC 27518
agriwaste.com | 919.859.0669

Project Manager:

Heath Clapp, LSS
hclapp@agriwaste.com
919-629-6404

Designer:

Heath Clapp, LSS
hclapp@agriwaste.com

Project: KB Homes - Lot 72 Expansion

Date: 10/7/2025

Property: 79 Thunderbird Lane,
Fuquay Varina, NC 27526

County: Harnett

Subdiv.: Birchwood Trails

Lot #: 72

Permit #:

Owner: KB Homes

Address: 1800 Perimeter Park Drive, STE 140
Morrisville, NC 27560

Type of System: III b

Phone: 919-768-7960

Email: enpollock@kbhome.com

PIN: 0642-84-3796

EHS:

Soil Parameters

Soil Evaluation By:

Heath Clapp, LSS

Special Conditions/Notes:

LTAR: 0.40 gpd/ft²

Design Parameters

Type of Establishment: Dwelling Units, no more than 2 persons per bedroom

Unit: Bedroom

of Units: 5

Septic Tank Specifications

Min. Tank Capacity:	1,200	gal			
Actual Tank Volume:	1,250	gal			
Tank Manufacturer:	Shoaf				
Tank Model:	TS 1250 STB				
			Exterior	Interior	
			Length:	125.5	119.5 in.
			Width:	65.5	59.5 in.
			Depth:	61.5	54.5 in.

Primary Drainfield Specifications

Type of Distribution:	Parallel	Pressure Manifold	Trench Bottom Area:	1500	ft ²
Trench Media:	EZflow		Minimum Drain Line:	375	ft
Trench Width:	3	ft	Actual Drain Line:	375	ft
Trench Depth:	22	in.	Number of Lines:	5	
(or as specified on permit)			Minimum Line Spacing:	9	ft O.C.

Wastewater Treatment System Design Calculations

Project: KB Homes - Lot 72 Expansion

Location: 79 Thunderbird Lane,
Fuquay Varina, NC 27526

County: Harnett

Septic Tank Sizing

Daily Flow Estimate:

Unit	# of Units	Flow/Unit	Flow/Day
Bedroom	5	120	600
Q=			600 gpd

Septic Tank Minimum Capacity:

Per NCAC T15A:18A .1952(b)(2)(A):

For large residences, multiple dwelling units, or places of business or public assembly with $Q \leq 600$,

Minimum Liquid Capacity (V)= 1,200 gal

Septic Tank Specs:

Manufacturer: Shoaf

Model: TS 1250 STB

Volume: 1,250 gal

Weight: 11,000 lbs

	Exterior	Interior	
Length:	125.5	119.5	in.
Width:	65.5	59.5	in.
Depth:	61.5	54.5	in.

Shape of Risers: Circular

Diameter: 2.00 ft

Pump Tank Storage & Float Settings

Project: KB Homes - Lot 72 Expansion

Location: 79 Thunderbird Lane,
Fuquay Varina, NC 27526

County: Harnett

Tank Manufacturer

Shoaf

Tank Model

TS 1275 PT

Interior Height (in.)	60.5 in.
Avg. Storage	21.07 gal/in.

Primary System

Elevations, measured from bottom towards top (0 = Interior Bottom of Tank):

Top of pump (including 4" block)	14.1 in.	(Pump height = 10 1/16")
Pump Off	16.0 in.	
Pump On	24.0 in.	(set for dose volume)
Alarm On	30.0 in.	(6 in. above On Float)

Emergency Storage Available

Pump Tank 643 gal

Days of Storage 1.07 days

(determined from "interior top of tank" - "High Water Alarm")

Repair System

Elevations, measured from bottom towards top (0 = Interior Bottom of Tank):

Top of pump (including 4" block)	16.1 in.	(Pump height = 12 1/16")
Pump Off	18.0 in.	
Pump On	26.0 in.	(set for dose volume)
Alarm On	32.0 in.	(6 in. above On Float)

Emergency Storage Available

Pump Tank 600 gal

Days of Storage 1.00 days

(determined from "interior top of tank" - "High Water Alarm")

ELEVATIONS

Project: KB Homes - Lot 72 Expansion

Location: 79 Thunderbird Lane,
Fuquay Varina, NC 27526

County: Harnett

Benchmark 0
BM Elev 0 ft

Septic Tank 1,250 gal

Ground Surface		294.40 ft
Depth of Soil Cover	14 in.	1.17 ft
Overall Ht of Tank	61.5 in.	5.13 ft
Elev, Base of Tank		288.11 ft
Ht to 4" Inlet Invert	50 in.	4.17 ft
Elev, 4" Inlet Invert		292.28 ft
Ht to 4" Outlet Invert	48 in.	4.00 ft
Elev, 4" Outlet Invert		292.11 ft
Gravel Base	6 in.	0.50 ft
Elev, Bot of Excavation		287.61 ft

Pump Tank 1287 gal

Ground Surface		294.20 ft
Depth of Soil Cover	16 in.	1.33 ft
Overall Ht of Tank	67.5 in.	5.63 ft
Elev, Base of Tank		287.24 ft
Ht to 4" Inlet Invert	57 in.	4.75 ft
Elev, 4" Inlet Invert		291.99 ft
Ht to 2" Outlet Invert	54.5 in.	4.54 ft
Elev, 2" Outlet Invert		291.78 ft
Gravel Base	6 in.	0.50 ft
Elev, Bot of Excavation		286.74 ft

ST Inlet Pipe

Grade @ Stub-out		294.5 ft
Depth of Stub-out, top		1.5 ft
Elev, Stub-out Invert		292.65 ft
Elev @ ST Inlet Invert		292.28 ft
Length		10 ft
Slope		3.7 %

Pipe, ST to PT

ID	4 in.	0.33 ft
OD	4.5 in.	0.38 ft
Elev, ST Outlet Invert		292.11 ft
Elev, PT Inlet Invert		291.99 ft
Length		11 ft
Slope		1.1 %
Cover over inlet pipe		1.77 ft

Pump Reqmt.

Floor Thickness	4 in.	0.33 ft
Elev, Pump Tank Floor		287.58 ft
Pump Block Ht.	4 in.	0.33 ft
Elev, Pump Intake		287.91 ft

Grade @ Primary Manifold		294.20 ft
Grade @ Repair Manifold		296.90 ft
Min. Cover	18 in.	1.50 ft
Max Elev, Primary		292.70 ft
Max Elev, Repair		295.40 ft
Elev Diff, Primary		4.79 ft
Elev Diff, Repair		7.49 ft

Drainfield Design

Project KB Homes - Lot 72 Expansion
Location 79 Thunderbird Lane,
Fuquay Varina, NC 27526
County Harnett

Drainfield Sizing

Primary			
LTAR	0.4 gpd/ft ²		
Daily Design Flow	600 gpd	Type of Drainfield Media	EZflow
Req. Drainfield Area	1,500 ft ²	Required Drainline	
Trench Width, Eff.	3 ft	After 25% Reduction	375 ft
Required Drainline	500 ft	Minimum Line Spacing	9 ft (O.C.)

Repair			
LTAR	0.4 gpd/ft ²		
Daily Design Flow	600 gpd	Type of Drainfield Media	Chambers
Req. Drainfield Area	1,500 ft ²	Required Drainline	
Trench Width, Eff.	3 ft	After 25% Reduction	375 ft
Required Drainline	500 ft	Minimum Line Spacing	9 ft (O.C.)

Drainfield Layout

Line	Use	Flag Color	Elevation (ft)	Line Length (ft)	Used as Primary (ft)	Used as Repair (ft)
1	Layout Line	r		75	75.0	
2	Layout Line	w		75	75.0	
3	Layout Line	b		75	75.0	
4	Layout Line	r		75	75.0	
5	Layout Line	w		75		75.0
6	Layout Line	b		75		75.0
7	Layout Line	r		65		65.0
8	Layout Line	w		65		65.0
9	Layout Line	b		50		50.0
10	Layout Line	r		50		50.0
11	Layout Line			75	75.0	
12	Layout Line					
13	Layout Line					
14	Layout Line					
15	Layout Line					
16	Layout Line					
17	Layout Line					
18	Layout Line					
19	Layout Line					
20	Layout Line					
				755	375	380
				11	5	6

Note: Line length totals are shown to the nearest foot.
For Chambers or Low-profile Chambers:
Effective trench lengths are shown. Add 1' for total installation length.

PRESSURE MANIFOLD DESIGN (Primary)

Site Information

Project: KB Homes - Lot 72 Expansion
Location: 79 Thunderbird Lane,
 Fuquay Varina, NC 27526
County: Harnett

Design Information

Estimated Daily Flow	600 gal/day
L.T.A.R. (from Harnett Co.)	0.4 gal/day/ft ²
L.T.A.R. + 5%	0.420 gal/day/ft ²
Trench Width	3 ft.
Line Length Required	500 ft.
Length after 25% Reduction	375 ft
L.T.A.R. Reduced	0.533 gal/day/ft ²
L.T.A.R. Reduced + 5%	0.560 gal/day/ft ²

DRAINFIELD INFO. - Primary						
Proposed Type of System/Distribution: Pump to Pressure Manifold using EZflow						
Line No.	Flag Color	Line Length (ft)	Tap	Flow (gpm)	Flow/Foot (gpm/ft)	Line L.T.A.R.
1	r	75	1/2in SCH 80	5.48	0.073	0.533
2	w	75	1/2in SCH 80	5.48	0.073	0.533
3	b	75	1/2in SCH 80	5.48	0.073	0.533
4	r	75	1/2in SCH 80	5.48	0.073	0.533
11	0	75	1/2in SCH 80	5.48	0.073	0.533
Total		375	Total	27.40	Avg.	0.53

Note: Line lengths are calculated in 4' increments to reflect use of Chambers product. 2' added for endcaps.

Total Run Time	21.90 min.	
Drainfield Capacity	244.9 gal	
% of Drainfield Cap	68.8%	(Req. Range 66-75%)
Dose Volume	168.5 gal/dose	
Run Time/Dose	6.1 minutes	Range 5-7 minutes unless uphill, checked
Volume/depth	21.07 gal/in.	(Per tank manufacturer's specifications)
Estimated Drawdown	8.00 in.	

Manifold Box			
Number of Taps	5	with	0 Split(s)
Manifold Length	4.0	ft.	(approximate)

PRESSURE MANIFOLD SYSTEM DESIGN (Repair)

Site Information

Project: KB Homes - Lot 72 Expansion
Location: 79 Thunderbird Lane,
 Fuquay Varina, NC 27526
County: Harnett

Design Information

Estimated Daily Flow	600 gal/day
L.T.A.R. (from Harnett Co.)	0.4 gal/day/ft ²
L.T.A.R. + 5%	0.420 gal/day/ft ²
Trench Width	3 ft.
Line Length Required	500 ft.
Length after 25% Reduction	375 ft
L.T.A.R. Reduced	0.533 gal/day/ft ²
L.T.A.R. Reduced + 5%	0.560 gal/day/ft ²

DRAINFIELD INFO. - Repair						
Proposed Type of System/Distribution: Pump to Pressure Manifold using Chambers						
Line No.	Flag Color	Line Length (ft.)		Flow (gpm)	Flow/Foot (gpm/ft)	Line L.T.A.R.
5	w	75	1/2in SCH 80	5.48	0.073	0.519
6	b	75	1/2in SCH 80	5.48	0.073	0.519
7	r	65	3/4in SCH 80, Split	5.05	0.078	0.552
8	w	65	3/4in SCH 80, Split	5.05	0.078	0.552
9	b	50	1/2in SCH 40, Split	3.56	0.071	0.505
10	r	50	1/2in SCH 40, Split	3.56	0.071	0.505
Total		380	Total	28.17	Avg.	0.53

Note: Line lengths are calculated in 4' increments to reflect use of Chambers product. 2' added for endcaps.

Total Run Time	21.30 min.	
Drainfield Capacity	248.1 gal	
% of Drainfield Cap	67.9%	(Req. Range 66-75%)
Dose Volume	168.5 gal/dose	
Run Time/Dose	6.0 minutes	Range 5-7 minutes unless uphill, checked
Volume/depth	21.07 gal/in.	(Per tank manufacturer's specifications)
Estimated Drawdown	8.00 in.	

Manifold Box			
Number of Taps	4	with	2 Split(s)
Manifold Length	3.5	ft.	(approximate)

PUMP DESIGN

System (initial/repair): **Primary**

Project: KB Homes - Lot 72 Expansion
Location: 79 Thunderbird Lane,
Fuquay Varina, NC 27526
County: Harnett

Friction Losses

Suction Head ft (submersible 0)
Elev. Difference (highest point from pump) ft
Design Pressure At Outlet ft

Supply Line - 2" Schedule 40 PVC

Pipe Diameter, Nominal in.
Pipe Diameter (ID) in. Flow gpm
Pipe Length ft Velocity ft/sec
Pipe Length for Fittings ft Meets requirement that $2 \text{ ft/s} < v < 5 \text{ ft/s}$.
Equivalent Length ft
Estimated Friction Loss in Supply Line ft

Friction Loss - Tap/Special Fittings ft

TOTAL 11.07 ft.

Flow for Anti-Siphon Hole

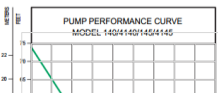
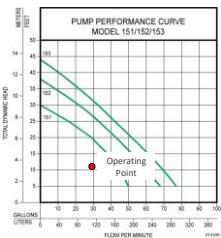
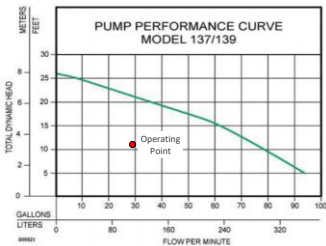
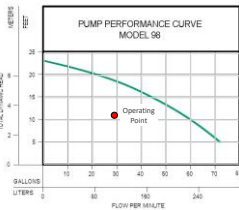
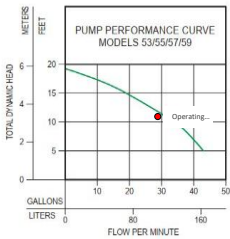
Hole Diameter in.
Hole Flowrate gpm

Pump Efficiency (assumed, typical)
Motor Efficiency (assumed for electric pumps)
Flow 28.78 gpm

Required Horsepower hp
TDH 11.07 ft

Pump Selection

Manufacturer:
Model:
Horsepower:



PUMP DESIGN

System (initial/repair): **Repair**

Project: KB Homes - Lot 72 Expansion
Location: 79 Thunderbird Lane,
Fuquay Varina, NC 27526
County: Harnett

Friction Losses

Suction Head	0	ft	(submersible 0)
Elev. Difference (highest point from pump)		7.49	ft
Design Pressure At Outlet	2	ft	
Supply Line - 2" Schedule 40 PVC			
Pipe Diameter, Nominal	2	in.	
Pipe Diameter (ID)		2.047	in.
Pipe Length	60	ft	
Pipe Length for Fittings		6	ft
Equivalent Length		66	ft
Estimated Friction Loss in Supply Line		0.96	ft
Flow		28.17	gpm
Velocity		2.75	ft/s
Meets requirement that 2 ft/s < v < 5 ft/s.			
Friction Loss - Taps/Special Fittings	3.5	ft	
TOTAL		13.95	ft.

Flow for Anti-Siphon Hole

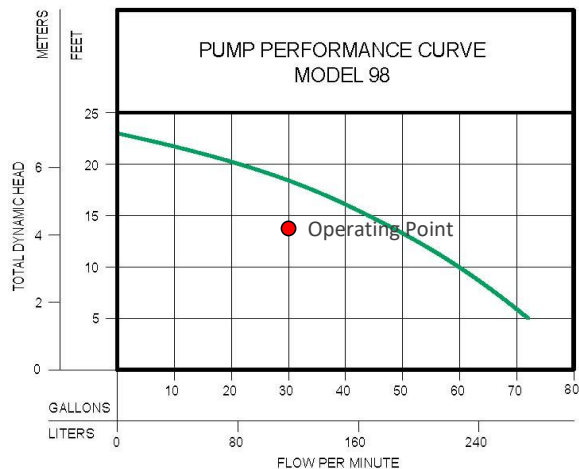
Hole Diameter in.
Hole Flowrate 1.55 gpm

Pump Efficiency (assumed, typical)
Motor Efficiency (assumed for electric pumps)
Flow 29.72 gpm

Required Horsepower 0.17 hp
TDH 13.95 ft.

Pump Selection

Manufacturer:	Zoeller
Model:	N98
Horsepower:	0.5



Septic Tank Buoyancy Calculation

Project: KB Homes - Lot 72 Expansion
Location: 79 Thunderbird Lane,
 Fuquay Varina, NC 27526
County: Harnett

Tank Size (nominal) 1250 gal

Properties/Assumptions:

Min. liquid level to be maintained in tank at all times after initial installation.

Min. depth to water table	12.0 in.	from ground surface
Effluent Density	62.4 lb/ft ³	(Specific Weight of Water)
Concrete Density	142.6 lb/ft ³	
Soil App. Sp. Grav.	1.3	(typical value)
Soil Cover Over Tank	12 in.	(minimum)
Additional Cover	2 in.	for pipe grade
Unsubmerged wt of soil	81.1 lb/ft ³	
Submerged wt of soil	49.9 lb/ft ³	50% Porosity Assumed

Tank Dimensions (from supplier):

		<u>Exterior</u>		<u>Interior</u>	
		Top	Bottom	Top	Bottom
Tank	Length	125.5	122.0	119.5	116.0 in.
	Width	65.5	62.0	59.5	56.0 in.
	Height	58.5	(w/o lid)	54.5	in.
Lid	Length	125.5 in.			
	Width	65.5 in.			
	Height	3.0 in.			
Area of Riser Openings		6.28 ft ²			
Permanent Liquid Depth in Tank		0.0 in.		0.00 ft	
Tank Weight		11,000 lb		(per manufacturer)	

Buoyancy Force Calculation:

Buoyancy Force Specific Weight of Water x Displaced Volume

Displaced Volume	282.4 ft ³ *
Buoyancy Force	17,624 lb.

Weight Calculation:

Tank Weight	11000 lb		
Water Weight in Tank	0 lb	Volume	0.0 ft ³ *
Soil Weight Over Tank	4544 lb		
Soil Friction Force	4037 lb		
Total Weight	19,581 lb		

Factor of Safety = 1.11

Note: Total weight must be greater than buoyancy force so that tank will not float during high water table conditions.

* Volume calculated by the prismoidal formula.

Pump Tank Buoyancy Calculation

Project: KB Homes - Lot 72 Expansion
Location: 79 Thunderbird Lane,
 Fuquay Varina, NC 27526
County: Harnett

Tank Size (nominal) 1287 gal

Properties/Assumptions:

Min. liquid level to be maintained in tank at all times after initial installation.

Min. depth to water table	12 in.	from ground surface
Effluent Density	62.4 lb/ft ³	(Specific Weight of Water)
Concrete Density	142.6 lb/ft ³	
Soil App. Sp. Grav.	1.3	(typical value)
Soil Cover Over Tank	12 in.	(minimum)
Additional Cover	4 in.	for pipe grade
Unsubmerged wt of soil	81.1 lb/ft ³	
Submerged wt of soil	49.9 lb/ft ³	50% porosity assumed

Tank Dimensions (from supplier):

		<u>Exterior</u>		<u>Interior</u>	
		Top	Bottom	Top	Bottom
Tank	Length	108.0	104.0	102.0	98.0 in.
	Width	58.0	54.0	52.0	48.0 in.
	Height	64.5	(w/o lid)	60.5	in.
Lid	Length	108.0 in.			
	Width	58.0 in.			
	Height	3.0 in.			
Area of Riser Openings		3.14 ft ²			
Permanent Liquid Depth in Tank		0.0 in.		0.00 ft	
Tank Weight		10500 lb		(per manufacturer)	

Buoyancy Force Calculation:

Buoyancy Force Specific Weight of Water x Displaced Volume

Displaced Volume	233.5 ft ³ *
Buoyancy Force	14,573 lb

Weight Calculation:

Tank Weight	10500 lb		
Water Weight in Tank	0 lb	Volume	0.0 ft ³ *
Soil Weight Over Tank	3945 lb		
Soil Friction Force	4227 lb		
Total Weight	18,672 lb		

Factor of Safety = 1.28

*Note: Total weight must be greater than buoyancy force
 so that tank will not float during high water table conditions.*

** Volume calculated by the prismatic formula.*