



## HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: SFD2508-0089

CDP #:

## IMPROVEMENT PERMIT (IP)

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

Owner: Smith Douglas Homes Applicant: Smith Douglas Homes

Property Location: 65 Smith Farms Dr (NC 27 W) PIN/Lot Identifier: 0528-12-5071

Subdivision: Reedy Branch Lot #: 3 Block: \_\_\_\_\_ Section: \_\_\_\_\_

Facility Type: 40'x56' SFD Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_

Design Daily Flow: 360 GPD LTAR (Initial): .4 gpd/ft<sup>2</sup> LTAR (Repair): .4 gpd/ft<sup>2</sup>

Wastewater System Type: 25% reduction (Initial)

Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Initial): 26

Wastewater System Type: 25% reduction (Repair)

Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Repair): 26

Effluent Standard: ☒ DSE ☐ HSE ☐ Other: \_\_\_\_\_ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: \_\_\_\_\_

Permit conditions:

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.

Authorized Agent's Printed Name: Mark Osborne REHS Date: 09/10/2025

Authorized Agent's Signature: [Signature] Expiration Date: 09/10/2030

## CONSTRUCTION AUTHORIZATION (CA)

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

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Installation Requirements/Conditions

Wastewater System Type: 25% reduction Pump Required: ☐ Yes ☒ No ☐ May be required

Septic Tank Size: 1000 gallons Total Trench Length: 225 feet Trench Spacing: 9 feet on center

Pump Tank Size: 1000 gallons Maximum Trench Depth: 14 inches Soil Cover: 6 inches

Trench Width: 36 inches Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold ☐ Other: \_\_\_\_\_

Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: \_\_\_\_\_

Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements: \_\_\_\_\_

Permit conditions:

must bring in group II or group III soil for cover over entire drain field of at least 6"

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: Mark Osborne REHS Date: 09/10/25

Authorized Agent's Signature: [Signature] Expiration Date: 09/10/2030

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*See attached site sketch

