Permit #:	



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes:	(a2) Improvement Permit	(a2) Construction Authorizati	ion	
	IMPROVEM	IENT PERMIT FOR G.S. 130A	335(a2)	
County: Harnett				
PIN/Lot Identifier: 958	88-55-3380			
Issued To: Smith Dou	glas Homes			
Property Location: 16	4 Gray Pine Way, Sanford NC 273	332		
Subdivision (if applicat	ole)Briarwood Park	Lot #: <u>8</u>	Block:	Section:
LSS Report Provided: `				
If yes, name and licens	se number of LSS: Alex Adams LSS	S # 1247		
New 🔽	Expansion	System Relocation	Change of U	se 🗌
Proposed Structure: _S				
Number of bedrooms:	Number of Occupants: 6	Other:		
Design Wastewater St	rength: 🗸 domestic	high strength inc	dustrial process	
		Proposed LTAR (Initial): .35		
Proposed Wastewater	System Type*: Accepted Status	(Initial) Pum	p Required: Yes N	lo 🗹 May be required
Proposed Wastewater	System Type*: PPBPS	(Initial) Pum (Repair) Pum	p Required: 🗌 Yes 🔲 N	o 🔽 May be required
		vater system types in accordance with		
Saprolite System (initia	al): 🗌 Yes 🔽 No Saprolito	e System (repair): 🗌 Yes 🔽 No		
Fill System (Initial):	Yes 🔽 No If yes, specify: 🗌 Ne	w Existing (when adding more t	han 6 inches of fill to syste	em area provide a fill plan)
Fill System (repair):	Yes 🔽 No If yes, specify: 🗌 Ne	ew Existing (when adding more t	than 6 inches of fill to syste	em area provide a fill plan)
Usable Soil Depth (Init	ial): 32 Usable S	Soil Depth (Repair): 32	_	
Max. Trench Depth (In	nitial)‡: Max. Tro	ench Depth (Repair)‡: 18	[‡] Measured on the do	wnhill side of the trench
Artificial Drainage Req	uired: 🗌 Yes 🔽 No If yes, pleas	se specify details:		
Type of Water Supply:	Private well Public well	Shared well • Municipal Sup	ply Spring Ot	her:
Drainfield location me	ets requirements of Rule .1945: Ye	s 🗸 No 🗌 Drainfield location m	neets requirements of Rule	.1950: Yes 🗹 No 🗌
Permit valid for: 🗹 Fi	ve years [site plan submitted pursu	ant to GS 130A-334(13a)] 🔲 No exp	piration [plat submitted pur	rsuant to GS 130A-334(7a)
Permit conditions:				
	Print Name: Alex Adams	0.000		0.5
Licensed Soil Scientist	Signature: XLLX XX	WIIM	Date: 9-18-	-25

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH



Permit #:	
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This Section for Local Health Department Use Only

	Initial submittal received:		by	
		Date	Initials	
G.S. 130A-335(a3) states the follo	wing:			
department, the common form developed within five business days of receiving the o Permit includes all of the required compor shall notify the applicant of the componer department to cure the deficiencies in the	by the Department, and a soil evaluate application, conduct a completeness re- tents. If the local health department de- ts needed to complete the Improveme Improvement Permit. The local health the local health department receives to tition, the applicant may treat the failu	ion pursuant to su view of the submit etermines that the ent Permit. The app department shall i the additional infor	bsection (a2) of this stal. A determination Improvement Permit licant may submit ac make a final determit mation from the app	nation as to whether the Improvement Permit plicant. If the local health department fails to
The review for completeness of t Permit is determined to be:	nis Improvement Permit was co	onducted in acc	cordance with G.	S. 130A-335(a3). This Improvement
☐ Incomplete (If box is checked	, information in this section is	required.)		
The following items are missing:				
- H	7/1/2	- 5		21
Copies of this were sent to the LS	S and the Applicant on	Date		A CA
State Authorized Agent:				Date:
☐ Complete	1 93/70	6		721/
State Authorized Agent:		-41-5		Date:
permit holder is responsible for on to revocation if the site plan, pla ownership of the site. This perm Disposal and to the conditions of The Department, the Departmen	his permit by the Health Depa thecking with appropriate gov t, or the intended use changes it is subject to compliance wit this permit. t's authorized agents, and the	rtment in no we erning bodies is. The Improve th the provision	ray guarantees to in meeting their ement Permit shans of the Laws and epartments shal	he issuance of other permits. The requirements. This permit is subject all not be affected by a change in and Rules for Sewage Treatment and I be discharged and released from
any liabilities, duties, and respor evaluations, submittals, or action			-	im arising out of or attributed to t to GS 130A-335(a2).
Improvement Permit Expiration	Date:			

See attached site sketch



Permit #:	
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Re-submittal of Improvement Permit

_				
	LHD USE ONLY: This IP resubmittal received:	Date	by Initials	
l				
The following it	tems are being resubmitted pursuant to G.S. 130A-33	35(a3) for issuance of	of the Improvement Permit:	
	ST	ATE	AL.	
l,		at the information r	equired to be included with	this re-submittal
is accurate and o	cientist (Print Name) complete to the best of my knowledge and that the laws, regulations, rules, and ordinances.	proposed Improver	ment Permit meets all applic	able federal,
Signature	e of Licensed Soil Scientist		Date	
	The section below is for Local Health Department us	e after submittal of it	ems noted as missing above.	
LHD Follow-u	p Completeness Review of Improvement I	Permit		
	completeness of this Improvement Permit re-submit ermit is determined to be:	tal was conducted i	n accordance with G.S. 130A	\-335(a3). This
☐ Incomplete	(If box is checked, information in this section is requ	uired.)		
The following ite	ems are missing:			
	AND AND	M AIR		
Copies of this w	ere sent to the LSS and the Applicant on			
State Authorized	d Agent:		Date:	
☐ Complete				
•	d Agent:		Date:	
				-



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

County: Harnett	
PIN/Lot Identifier: 9588-55-3380	
Issued To: Smith Douglas Homes	
Property Location: 164 Gray Pine Way, Sanford NC 27332	
AOWE/PE Plans/Evaluations Provided: Yes 🗹 No 🗌 If yes, name and license numbe	er of AOWE/PE: Alex Adams AOWE# 10021E
Facility Type: Single Family	
✓ New ☐ Expansion ☐ Repair ☐ System Relocation	☐ Change of Use
Basement? Yes V No Basement Fixtures? Y	es No
Type of Wastewater System* Accepted Status (Initial)	PPBPS (Repair
*Please include system classification for proposed wastewater system types in accorda	nce with 15A NCAC 18A .1961 Table V(a)
Design Daily Flow: 360 GPD Wastewater Strength: 🗸 domestic	high strength industrial process
Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Lo (if yes, please provide engineering documentation)	ow-flow Technologies?
Installation Requirements/Conditions	
Septic Tank Size: $\frac{1000}{}$ gallons Total Trench/Bed Length: $\frac{300}{}$ feet Tren	nch/Bed Spacing: $\frac{9}{}$ feet on center
Trench/Bed Width: 36 inches LTAR: 35 gpd/ft²	
Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 18	_ inches * Measured on the downhill side of the trench
Aggregate Depth: $\frac{6}{}$ inches above pipe $\frac{6}{}$ inches below pipe $\frac{12}{}$	_inches total
Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump	? Yes 🗹 No
Pump Requirements: $\frac{9.06}{}$ ft. TDH vs. $\frac{21.33}{}$ GPM Grease Trap Size (if applicable)	ole): gallons
Distribution Method: Serial D-Box or Parallel 🗸 Pressure Manifold(s)	LPPOther:
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	n a copy of the agreement.)
Multi-party Agreement Required [.1937(h)]: Tyes V No	
Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: 🔲 Yes 🔽] No
Declaration of Restrictive Covenants:	
Pre-Construction Conference Required: Yes No 🗸	
Conditions:	XX /4
All toward	<i>13</i> 7
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .19	56, .1957, .1958, and .1959 are incorporated by reference
into this permit and shall be met. Systems shall be installed in accordance with the atta	ached system layout.
AOWE/PE Print Name: Alex Adams	Expiration Date: 9-18-30
AOWE/PE Signature: XLLX XXXXXX	Date: 9-18-25
. •	

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

See attached site sketch



Permit #:	
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This Section for Local Health Department Use Only

	Initial submittal received:	b	у
		Date	Initials
G.S. 130A-335(a5) states the following	•		
mprovement Permit and Construction A Department, and any necessary signed of engineer or a person certified pursuant to department shall, within five business do the Construction Authorization or Improvention and the Construction Authorization of the components needed to a publicant of the components needed to additional information to the local health Authorization. The local health department fails to act within any period apply for the building permit for the proparticensed engineer submitting the evaluation and the proparticensed engineer submitting the evaluation or Improvement Permit are angineer, the local health department stangineer, the local health department stangineer.	uthorization application together, the pend sealed plans or evaluations conducted to Article 5 of Chapter 90A of the General anys of receiving the application, conduct of vement Permit and Construction Authorization or Improvement Permit and Construction or Improvement Permit and Construction Authorization of the Construction Authorization of the Applicant of the Salaman and the Applicant of the Indiana of Construction Authorization for cause. Let Indiana of Indiana	rmit fee charged by the lod by a person licensed pur Statutes as an Authorized a completeness review of the construction Authorization of the Construction Authorization whether the Construction and the construction are treceives the additional and the Construction Authorization of the Construction Authorization act within five business that the local health a complete	ation together, submits a Construction Authorization, or an an acal health department, the common form developed by the suant to Chapter 89C of the General Statutes as a licensed of On-Site Wastewater Evaluator, the local health the submittal. A determination of completeness means that required components. If the local health department and construction Authorization. The applicant may submit and construction Authorization. The applicant may submit and construction or Improvement Permit and Construction and information from the applicant. If the local health ect as a determination of completeness. The applicant may reaction or Improvement Permit and Construction as a determination of completeness. The applicant may reaction or Improvement Permit and Construction ress days. The Authorized On-Site Wastewater Evaluator or department revoke or suspend the Construction are Authorized On-Site Wastewater Evaluator or licensed and Construction Authorization pursuant to G.S.
The review for completeness of	this Construction Authorization v	was conducted in acc	cordance with G.S. 130A-335(a5). This
Construction Authorization is de	termined to be:		
☐ Incomplete (If box is checke	d, information in this section is r	equired.)	
The following items are missing:			
Copies of this were sent to the A	OWE/PE and the Applicant on _	Date	4V 76 //
State Authorized Agent:			Date:
Complete	P. Lenna		
State Authorized Agent:	W X SPRIL	12 1776	Date of Issuance:
attached here. This Construction Construction Authorization sha to compliance with the provision of the Department, the Department, the Department in Liabilities, duties, and respondans, evaluations, preconstructive General Statutes as a licens Authorized On-Site Wastewater agents, and the local health department in the Local health depart	n Authorization is subject to rev Il not be affected by a change in ons of the Laws and Rules for Sev ent's authorized agents, and the onsibilities imposed by statute of tion conference findings, submit ed engineer or a person certified or Evaluator in GS 130A-335(a2),	ocation if the site pl ownership of the sit wage Treatment and local health departn r in common law fro stals, or actions from d pursuant to Article (a5), and (a7). The D nd bear liability for	ing the signed and sealed plans or evaluations an, plat, or the intended use changes. The te. This Construction Authorization is subject Disposal and to the conditions of this permit. The permit shall be discharged and released from many claim arising out of or attributed to a person licensed pursuant to Chapter 89C of 5 of Chapter 90A of the General Statutes as an epartment, the Department's authorized their actions and evaluations and other pursuant to GS 130A-337.
Construction Authorization Exp	iration Date:		
·			
	di e		

See attached site sketch



Permit #:

Re-submittal of Construction Authorization

	LUD LISE ONLY.	This CA reculpmittal received		b		
	LHD USE ONLY:	This CA resubmittal received:	Date	by	Initials	
The following in	tems are being resub	omitted pursuant to G.S. 130A-33.	5(a5) for issuance of	of the Construc	ction Authorizatio	n:
1		horoby attest tha	t the information r	required to be	included with this	ro cubmittal
is accurate and			t the information r			
Signatur	re of Authorized On-Site V	Nastewater Evaluator		Date		
LHD Follow-ւ		w is for Local Health Department uses S Review of Construction A	100	ems noted as n	nissing above.	
	completeness of this on Authorization is c	s Construction Authorization re-solution re-solution re-solution for the solution re-solution re-sol	ubmittal was cond	ucted in accord	dance with G.S. 13	30A-335(a5).
☐ Incomplete ((If box is checked, in	formation in this section is requir	red.)			
The following it	ems are missing:					
		THE OLIAN	N VIDER			
Copies of this w	vere sent to the AOV	VE/PE and the Applicant on	Date	-		
State Authorize	ed Agent:			Dat	te:	
☐ Complete						
State Authorize	d Agent:			Dat	te:	

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

August 27th, 2025

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335 (a2), (a5), and (a6)"

RE: 164 Great Pine Way, Sanford NC 27332 (Harnett County) Smith Douglas Homes, Briarwood Lot 8 PIN # (9588-55-3380)

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules, State Subsurface Rules, 15ANCAC 18E. From this evaluation, ASC is providing the attached 3-bedroom septic design.

The suitable soils found on the subject property were relatively consistent in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

Please find the attached wastewater soil/site evaluation forms for specific soil properties found in the initial and repair areas as well as assigned soil long term acceptance rate (LTAR). Numerous soil borings were made throughout the property and representative soil profile descriptions for the primary septic field and repair area are provided. A location sketch for profile descriptions is also attached. The initial and primary septic fields were sized based on a flow rate of 360 gallons/day and utilizing Accepted Status. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the primary and repair (if needed) system on contour, see attached site plan for the primary system and repair

locations. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and local county regulations for septic system installation. The trenches must be installed in the same location as the site plan. If the installation is in question at the time of installation call me (Alex Adams) at 919-414-6761.

This report discusses the location of provisionally suitable soils identified on the property and does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me anytime.

Sincerely,

Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E





Briarwood Park Lot 4 3 BR Harnett County

*House footprint to be field staked by surveyor and system verified prior to any construction

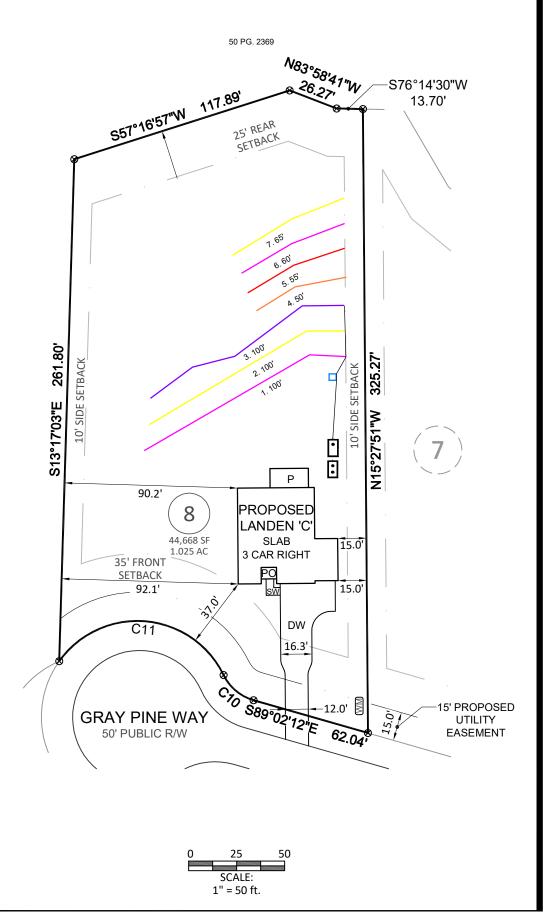
**Septic area must not be altered by construction activities.

***No cuts of 2' or greater within within 15' of septic area

**** Recommend protective barrier around septic field during construction.

INITIAL: Lines 1-3 (300') Accepted Status 18" TB Pressure Manifold REPAIR: Lines 4-7 (230') PPBPS Pressure Manifold 18" TB

Adams Soil Consulting 919-414-6761



Briarwood Park Lot 4 3 BR Harnett County

*House footprint to be field staked by surveyor and system verified prior to any construction

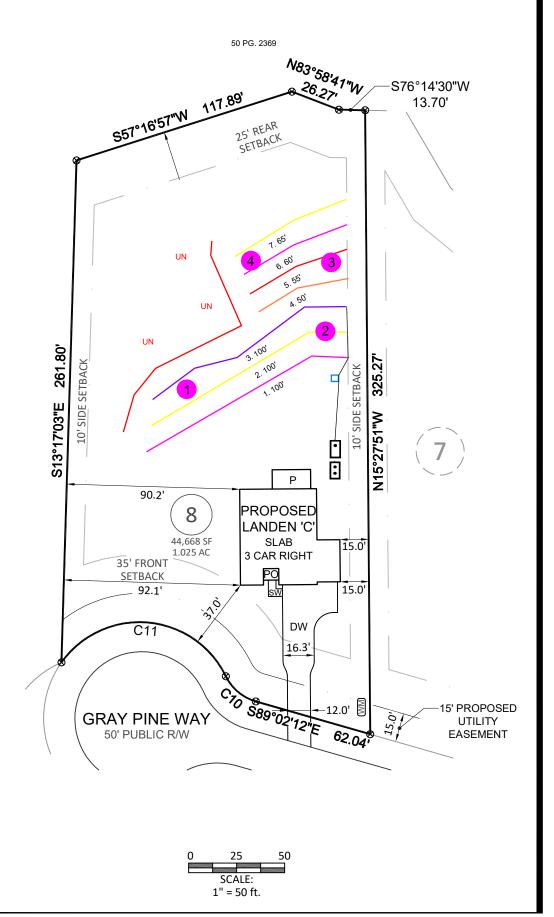
**Septic area must not be altered by construction activities.

***No cuts of 2' or greater within within 15' of septic area

**** Recommend protective barrier around septic field during construction.

INITIAL: Lines 1-3 (300') Accepted Status 18" TB Pressure Manifold REPAIR: Lines 4-7 (230') PPBPS Pressure Manifold 18" TB

Adams Soil Consulting 919—414—6761



ADDRESS:

Page 1 of 1 PROPERTY ID #: 9588-55-3380 COUNTY: Harnett

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (Complete all fields in full)

DATE EVALUATED: _8/20/25 OWNER: Smith Douglas Homes PROPOSED FACILITY: Single Family 3 BR PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: .71 Acres LOCATION OF SITE: 164 Gray Pine Way, Sanford NC 27332 PROPERTY RECORDED: WATER SUPPLY: X Public Single Family Well Shared Well Spring Other WATER SLIPPLY SETRACK.

P R O F I			SOIL MORPHOLOGY		OTHER PROFILE FACTORS			ORS		
L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d SLOPE CORRI CTION
1	Linear 2%	0-36	GR/LS	VFR,SEXP,NS	N.O	36"	N.O	N.O	P.S .35	1"
		36-40	SBK SCL	FR,SEXP,S						
2	Linear 2%	0-12	GR/LS	VFR,SEXP,NS	32"	32"	N.O	N.O	U/P.S .35	1"
		12-32	SBK SC	FR,SEXP,S						
3	Linear 2%	0-28	GR/LS	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .35	1"
		28-40	SBK SCL	FR,SEXP,S						
	Linear 6%	0-40	GR/LS	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .6	3"
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM						
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509): U/P.S					
System Type(s)	III B	III B	EVALUATED BY: Bobby Weaver/Alex Adams					
Site LTAR	.35 .35		OTHER(S) PRESENT:					
Maximum Trench Depth	18"	18"						
Comments:								

NCDHHS/DPH/EHS/OSWP Revised January 2024 SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE

NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS, FLOOD ZONES OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM. ALL LINES SHOWN, IF ANY, ARE SCALED FROM THE RECORDED PLAT.

THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.

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6

DEVELOPMENT REGULATIONS.

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THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND

4

ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE

PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.

THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.

THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF SONYA A. WARD, PLS.

ω

NOTES:

9

ZONING: RA-20R

SEARCH MAY DISCLOSE.

10.

BUILDER/DEVELOPER:

SMITH DOUGLAS HOMES 3412 APEX PEAKWAY APEX, NC 27502

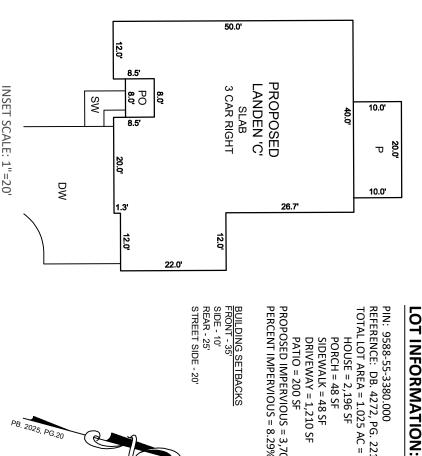
CURVE

50.00'

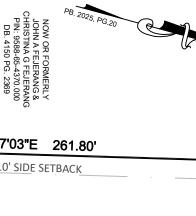
21.03' N69°56'30"W 103.56' S79°48'55"W

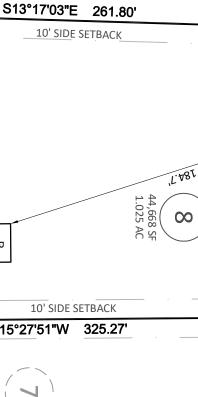
RADIUS | LENGTH CHD BEARING

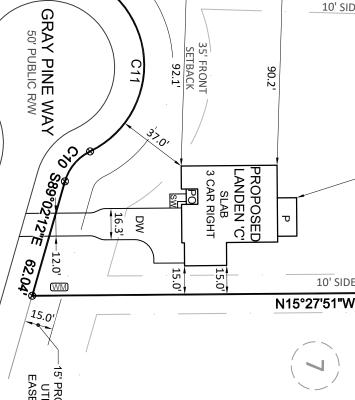
CURVE TABLE



STREET SIDE - 20 PIN: 9588-55-3380.000 REFERENCE: DB. 4272, PG. 2219 TOTAL LOT AREA = 1.025 AC = 44,668 SF REAR - 25' BUILDING SETBACKS FRONT - 35' PROPOSED IMPERVIOUS = 3,702 SF PERCENT IMPERVIOUS = 8.29% SIDEWALK = 48 SF DRIVEWAY = 1,210 SF PORCH = 48 SF PATIO = 200 SF +0USE = 2,196 SF \mathcal{L}

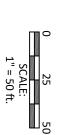








CHORD





JOHN A FEJERANG & CHRISTINA G FEJERANG PIN: 9588-65-4370.000 DB. 4150 PG. 2369

NOW OR FORMERLY

117.89

S76°14'30"W 13.70

BR

25' REAR SETBACK

Bateman Civil Survey Company

Engineers • Surveyors • Planners

2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081 www.batemancivilsurvey.com info@batemancivilsurvey.com NCBELS Firm No. C-2378

BIG RANCH RD ВD **WCCOKWICK** PERRY ВD KNOLL WY **NAMTTI9** ROSSER PINE VISTA WAY MCDOUGALD BELLA BRIDGE RD $\frac{7}{6}$ **VICINITY MAP** (Not to scale) JESSE RD

= COVERED FRONT PORCH = STOOP = COVERED PORCH/PATIO VERED PORCH/PATIO

= CONC PATIO = CONC PATIO = COMPUTED POINT = MAG NAIL FOUND (IPF) = IRON PIPE FOUND (IPF) = DRILL HOLE FOUND = WATER METER) = WOOD DEC V = SIDEWALK V = CONC DRIV NC DRIVEWAY

= AIR CONDITIONER SEWER MANHOLE LEAN OUT

UTILITY POLE | = TELEPHONE PEDESTAL 3 = CATCH BASIN = IRRIGATION CONTROLLER = PROPOSED LIGHT POLE **ELECTRIC BOX** CABLE BOX

= DRAIN INLET = PROPOSED FIRE HYDRANT

= WATER VALVE = STREET SIGN T = YARD INLET

= NOW OR FORMERLY

UNDER REFERENCES, THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK I, SONYA A. WARD, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A CAROLINA. L-4017 BOUNDARIES NOT SURVEYED ARE CLEARLY REFERENCED IN TITLE BLOCK); THAT THE PREIMINAPLE TION LISTED

and is only intended for the parties and This map is of an existing parcel of land recordation. No title report provided. purposes shown. This map not for

IMPERVIOUS NOTED ON THIS PLOT PLAN **BUILDER TO VERIFY HOUSE LOCATION DIMENSIONS AND REVIEW TOTAL**

PRELIMINARY PLOT PLAN FOR

SMITH DOUGLAS HOMES

BARBECUE TOWNSHIP, HARNETT COUNTY 164 GRAY PINE WAY, SANFORD, NC **BRIARWOOD PARK - LOT 8**

DATE: 7/28/25 DRAWN BY: AHB CHECKED BY: SAW SCALE: 1" = 50'

REFERENCE: PB. 2025, PG. 20

BCS# 250487

RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # Briarwood Lot 8

of BDR: 3 Daily Flow: 360 gal/day L.T.A.R.: 0.3500 gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 900 System Type: Accepted

Number of Taps: 3 Length of Trenches: 300 ft(See Tap Chart for Details)

Depth of Trenches: 18 in Manifold Length: 36 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 25 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 1.06 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft Elevation Head: 6.00 ft

Total Head: 9.06 ft Pump to Deliver: 21.33 gals/min at 9.06 ft head

Dosing Volume: <u>146</u> gals,

Drawdown: 146 gals divided by 20 gals/in = 7.3 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

