



IMPROVEMENT PERMIT (IP)

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Expansion	<input type="checkbox"/> Repair	<input type="checkbox"/> System Relocation	<input type="checkbox"/> Change of Use
Owner: KB Homes Raleigh Durham Inc			Applicant: KB Homes Raleigh Durham Inc	
Property Location: 128 Elyse Meadows (SR 1229)			PIN/Lot Identifier: 0539-87-9488	
Subdivision: Elyse Meadows			Lot #: 69 Block: _____ Section: _____	
Facility Type: 42'x38' SFD Number of bedrooms: 4			Number of Occupants: 8 Other: _____	
Design Daily Flow: 480 GPD LTAR (Initial): .4 gpd/ft ²			LTAR (Repair): .4 gpd/ft ²	
Wastewater System Type: 25% reduction			(Initial)	
Pump Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be required			Usable Depth to Limiting Condition (Initial): 32	
Wastewater System Type 50% reduction			(Repair)	
Pump Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be required			Usable Depth to Limiting Condition (Repair): 32	
Effluent Standard: <input checked="" type="checkbox"/> DSE <input type="checkbox"/> HSE <input type="checkbox"/> Other: _____			Type of Water Supply: <input type="checkbox"/> Private well <input checked="" type="checkbox"/> Municipal Supply <input type="checkbox"/> 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: 10/28/2025

Authorized Agent's Signature:

Expiration Date: 10/28/2030

CONSTRUCTION AUTHORIZATION (CA)

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Expansion	<input type="checkbox"/> Repair	<input type="checkbox"/> System Relocation	<input type="checkbox"/> Change of Use
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Effluent Standard: <input checked="" type="checkbox"/> DSE <input type="checkbox"/> HSE <input type="checkbox"/> Other: _____			Type of Water Supply: <input type="checkbox"/> Private well <input checked="" type="checkbox"/> Municipal Supply <input type="checkbox"/> Other: _____	

Installation Requirements/Conditions

Wastewater System Type: 25% reduction			Pump Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be required	
Septic Tank Size: 1000 gallons	Total Trench Length: 300 feet	Trench Spacing: 9 feet on center		
Pump Tank Size: 1000 gallons	Maximum Trench Depth: 20 inches	Soil Cover: 6 inches		
Trench Width: 36 inches	Distribution Method: <input checked="" type="checkbox"/> Serial <input type="checkbox"/> D-Box or Parallel <input type="checkbox"/> Pressure Manifold	<input type="checkbox"/> Other: _____		
Artificial Drainage Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please specify details: _____				
Management Entity Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Authorized Agent's Printed Name: Mark Osborne REHS

Date: 10/28/25

Authorized Agent's Signature:

Expiration Date: 10/28/2025

Owner/Legal Representative Signature: _____

Date: _____

*See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 0539-87-9488

Permit Number SFD2509-0088

KB Homes Raleigh Durham Inc

Elyse Meadows 69

Applicant's Name

Subdivision/Section/Lot Number

Mark Osborne REHS

10/28/2025

Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

