



**Harnett
COUNTY**
NORTH CAROLINA

HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: SFD2510-0130

CDP #: _____

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: <u>Smith Douglas Homes</u>			Applicant: <u>Smith Douglas Homes</u>	
Property Location: <u>101 Smith Farms Dr (NC 27 W)</u>			PIN/Lot Identifier: <u>0528-11-6885</u>	
Subdivision: <u>Reedy Branch</u>			Lot #: <u>5</u> Block: _____ Section: _____	
Facility Type: <u>40'x50' SFD</u> Number of bedrooms: <u>3</u>			Number of Occupants: <u>6</u> Other: _____	
Design Daily Flow: <u>360</u> GPD LTAR (Initial): <u>.4</u> gpd/ft ²			LTAR (Repair): <u>.4</u> gpd/ft ²	
Wastewater System Type: <u>25% reduction</u>			(Initial)	
Pump Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be required			Usable Depth to Limiting Condition (Initial): <u>24</u>	
Wastewater System Type <u>25% reduction</u>			(Repair)	
Pump Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> May be required			Usable Depth to Limiting Condition (Repair): <u>24</u>	
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:

Will need 6" of group II or group III soil brought in for cover over entire drain field area

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: 11/13/2025

Authorized Agent's Signature: Mark Osborne REHS

Expiration Date: 11/13/2030

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
Owner: <u>Smith Douglas Homes</u>			Applicant: <u>Smith Douglas Homes</u>	
Property Location: <u>101 Smith Farms Dr (NC 27 W)</u>			PIN/Lot Identifier: <u>0528-11-6885</u>	
Subdivision: <u>Reedy Branch</u>			Lot #: <u>5</u> Block: _____ Section: _____	
Facility Type: <u>40'x50' SFD</u> Number of bedrooms: <u>3</u>			Number of Occupants: <u>6</u> Other: _____	
Design Daily Flow: <u>360</u> GPD LTAR: <u>.4</u> gpd/ft ²				
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: <u>25% reduction</u>	Pump Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> May be required	
Septic Tank Size: <u>1000</u> gallons	Total Trench Length: <u>225</u> feet	Trench Spacing: <u>9</u> feet on center
Pump Tank Size: <u>1000</u> gallons	Maximum Trench Depth: <u>12</u> inches	Soil Cover: <u>6</u> inches
Trench Width: <u>36</u> inches	Distribution Method: <input type="checkbox"/> Serial <input checked="" 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:

Will need 6" of group II or group III soil brought in for cover over entire drain field area

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: 11/13/25

Authorized Agent's Signature: Mark Osborne REHS

Expiration Date: 11/13/2030

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 0528-11-6885

Permit Number SFD2510-0130

Smith Douglas Homes
Applicant's Name
Mark Osborne REHS
Authorized State Agent

Reedy Branch 5
Subdivision/Section/Lot Number
11/13/2025
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.

Scale = NTS

