County: Harnett
IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11
PIN/Lot Identifier: 0529-88-2581
Issued To: Davidson Homes
Property Location: 124 Van Winkle St Lillingtion, NC
Subdivision: Wellers Knoll Lot #: 25 Block: Section:
LSS Report Provided: Yes V No
If yes, name and license number of LSS: Alex Adams - LSS#1247
New Repair Expansion System Relocation Proposed Structure: SFH
Proposed Wastewater System Type: Type III (g) Type III (g) (Repair)
Fill System: Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area please provide a fill plan) Proposed Design Daily Flow: GPD Proposed LTAR (Initial): 0.35 Proposed LTAR (Repair): 0.35 Design Wastewater Strength: domestic high strength industrial process
Number of bedrooms: 3 Number of Occupants: 6 Other:
Type of Water Supply: Private well Public well Municipal Supply Spring Other:
Drainfield location meets requirements of Rule .1945: Yes 🗸 No 🗌
Drainfield location meets requirements of Rule .1950: 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: Alex Adams
Licensed Soil Scientist Signature:
The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2). *See attached site sketch*

County:	Harnen	
_		

This Section for Local Health Department Use Only Initial submittal received: 5-19-23 Date G.S. 130A-335(a4) states the following: 'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.' In accordance with G.S. 130A-335(a3) the improvement permit application is: 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 Owner on State Authorized Agent: Date: Denied (See attached report.) Copies of this were sent to the LSS and the Owner on State Authorized Agent: Date of Issuance: _5-19-23 This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department 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 site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. 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).

See attached site sketch

Improvement Permit Expiration Date: _ 5-19-28

County:	Harnett	

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 0529-88-2581										
Issued To: Davidson Homes										
Property Location: 124 Van Winkle St Lillingtion, NC										
AOWE/PE Plans/Evaluations Provided: Yes 🗸 No 🗌 If yes, name and license number of AOWE/PE: AOWE #10021E										
Facility Type: SFH										
✓ New										
Basement? Yes No Basement Fixtures? Yes No										
Type of Wastewater System** Type III (g) (Initial) Type III (g) (Repair)										
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 Low-flow Technologies? Yes										
Installation Requirements/Conditions Septic Tank Size: 1000 gallons Total Trench/Bed Length: 270 feet Trench/Bed Spacing: 9 feet on center										
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.										
Owner/Legal Representative Print Name: Celinda Howell										
Owner/Legal Representative Signature: Cultuda House Date: 5/4/2023										
Pre-Construction Conference Required: Yes No 🗸										
Conditions:										
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference										
into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ACMATARE Delicat Names. Alex Adams										
AOWE/PE Print Name: Alex Additis AOWE/PE Signature: Date: 5/4/23										
This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).										

See attached site sketch

County: Harnett

Permit Number:								
5.S. 130A-335(a6) states the following: 'If a local health department fails to act on an application for a construction authorization ubmitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'								
In accordance with G.S. 130A-335(a5) the construction authorization application is:								
☐ 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 Owner on								
State Authorized Agent:	Date:							
☐ Denied (See attached report.)								
Copies of this were sent to the AOWE/PE and the Owner on								
State Authorized Agent:	Date:							
Complete State Authorized Agent: Mal REHS	Date of Issuance: 5 - 19 - 23							
This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) evaluations attached here. This Construction Authorization is subject to revocation if the changes, or if information submitted in the application was falsified, inaccurate or mission in the affected by a change in ownership of the site. This Construction Authorization of the Laws and Rules for Sewage Treatment and Disposal and to the conditional identification of all property lines, easements, water lines, and other appropriate utilities. It is a constructed to divert water and establish vegetative cover. The Department, the Department's authorized agents, and the local health department any liabilities, duties, and responsibilities imposed by statute or in common law from a plans, evaluations, preconstruction conference findings, submittals, or actions from a the General Statutes as a licensed engineer or a person certified pursuant to Article 5 (Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Departments, and the local health departments shall be responsible and bear liability for the obligations under State law or rule, including the issuance of the operations permit put Construction Authorization Expiration Date:	using the signed and sealed plans or the site plan, plat, or the intended use leading. The Construction Authorization ation is subject to compliance with the tions of this permit. The location and ties shall be the responsibility of the owner. Into shall be discharged and released from any claim arising out of or attributed to person licensed pursuant to Chapter 89C of the Chapter 90A of the General Statutes as an artment, the Department's authorized in actions and evaluations and other							
See attached site sketch								

This Section for Local Health Department Use Only

Initial submittal received: 5-19-23

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

alexadams@bcsoil.com

May 4, 2023 Project #1623

"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)"

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

RE: 124 Van Winkle St. NC (Harnett County) for Davidson Homes

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, 15ANCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems". 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

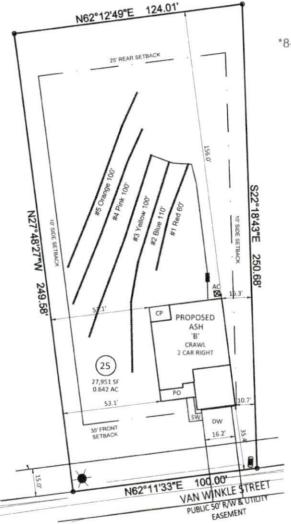




Wellers Knoll - Lot #25 3-Bedroom - Septic Design 124 Van Winkle - Lillingtion, NC Davidson Homes

Harnett County PIN: 0529-88-2581

*Not a Survey Sketched from a plot plan supplied by owner



*8-10 of soil cover required over initial and repair drain field.

System: Gravity to serial dist.

Lines: 1-3 (270') 0.35 LTAR

12" Max Trench Bottom Accepted Status System Repair: Pressure Manifold

Lines: 4-5 (200') 0.35 LTAR

14" Max Trench Bottom

PPBS - T&J Panel Block -50% reduction

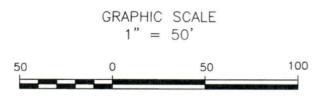
**1000 Gallon Septic and Pump Tank
Tank and trenches to be located minimum of 10'
from any property line and minimum of 5'
from any building foundation.

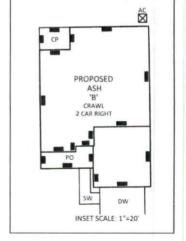
*Do Not Cut, Fill, or Alter Drainfield or Repair Area

*Comply with all setbacks

*Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

Adams Soil Consulting 919-414-6761 Job #1623

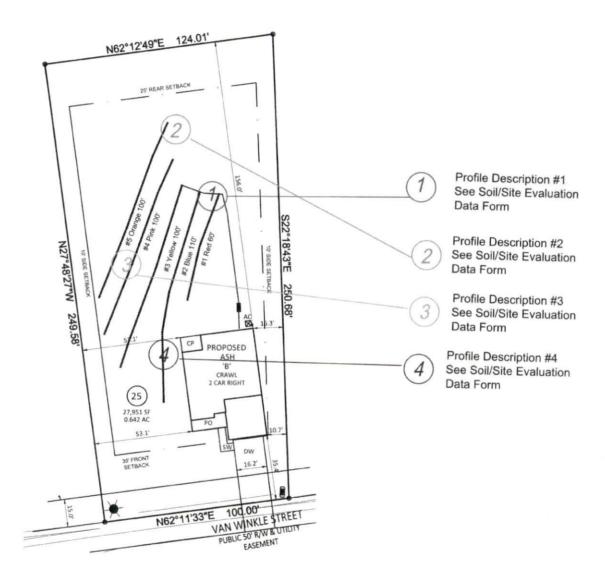




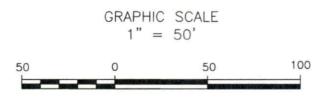
Wellers Knoll - Lot #25 3-Bedroom - Septic Design 124 Van Winkle - Lillingtion, NC Davidson Homes

Harnett County PIN: 0529-88-2581

*Not a Survey Sketched from a plot plan supplied by owner



Adams
Soil Consulting
919-414-6761
Job #1623



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Davidson Homes

ADDRESS: 124 Van Winkle St.

PROPOSED FACILITY: Single Family, 3-bedroom PROPOSED DESIGN FLOW (.1949): 360gpd LOCATION OF SITE: 124 Van Winkle St.

APPLICATION DATE: DATE EVALUATED: 5-3-23

PROPERTY SIZE: ~0.6 acres

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

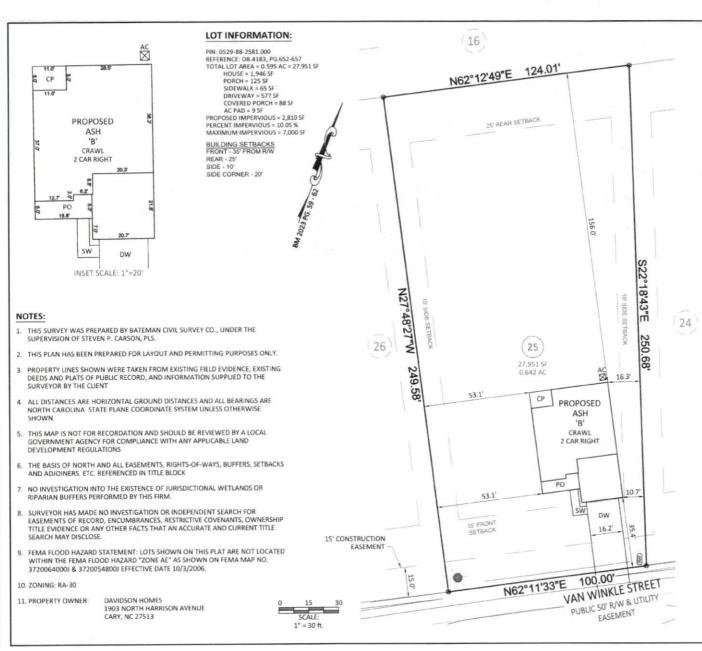
P R O F I L E	.1940 LANDSCAPE	HORIZON		ORPHOLOGY .1941)	OTHER PROFILE FACTORS					
	POSITION/ SLOPE %	DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR	
	Linear	0-10	GR/SL	FR/SEXP/NS	26"	N/A	N/A	N/A	PS/0.35-0.4	
1	Slope/5%	10-28	SBK/SCL	FI/SEXP/SS						
\vdash	Linear	0-18	GR/SL	FR/SEXP/NS	R/SEXP/NS 28" N/A N/A N/A PS/0.35	28"	PS/0.35-0.4			
2	Slope/5%	18-28	SBK/CL	FI/SEXP/SS						
_		GR/SL	FR/SEXP/NS	33"	N/A	N/A	N/A	PS/0.35-0.4		
3	Slope/5%	16-33	SBK/CL	FI/SEXP/SS						
	Linear	0.10	CD/CI	ED/CEVD/NC	25"	NT/A	N/A	N/A	PS/0.35-0.4	
4	Slope/5%	0-18 18-35	GR/SL SBK/CL	FR/SEXP/NS FI/SEXP/SS	33	N/A	IN/A	IN/A	r 5/0.33-0.4	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	>5,000 ft ²	>5,000 ft ²	SITE CLASSIFICATION (.1948): PS
System Type(s)	Type III (b)	Type III (b)	EVALUATED BY:A. Adams OTHER(S) PRESENT:
Site LTAR	0.35	0.35	

COMMENTS:

Updated February 2014







Bateman Civil Survey Company

Engineers • Surveyors • Planners

2524 Reliance Avenue, Apex, NC 27539 Ph; 919.577.1080 Fax: 919.577.1081 NCBELS Firm No. C-2378



LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK

SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
S = COMPUTED POINT X = MAG NAIL FOUND O = IRON PIPE FOUND

IRON PIPE FOUND
 IRON PIPE SET
 DRILL HOLE FOUND
 WATER METER

CO = CLEAN OUT
AC = AIR CONDITIONER
O = SEWER MANHOLE = ELECTRIC BOX

O = CABLE BOX CB = CATCH BASIN
IC = IRRIGATION CONTROLLER

☼ = LIGHT POLE SD= UTILITY POLE

= FIRE HYDRANT

= DRAIN INLET = WATER VALVE

= STREET SIGN YARD INLET GAS METER

, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED 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 CAROLINA. L-4752 DATED:

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for

recordation. No title report provided.

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

PRELIMINARY PLOT PLAN FOR

DAVIDSON HOMES

WELLERS KNOLL - LOT 25

124 VAN WINKLE STREET, LILLINGTON, NC LITTLE RIVER TOWNSHIP, HARNETT COUNTY

DRAWN BY: AMG CHECKED BY: SPC

REFERENCE: BM 2023 PG. 59-62 BCS# 230051

SCALE: 1" = 30"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/7/2023

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 cartificate holder is an ADDITIONAL INSURED, the policy/less must be endorsed. If SURROGATION IS WAIVED, subject to

th	ne terms and conditions of the polic	, certa	in pol	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights	o the	
_	ertificate holder in lieu of such endo	seme	nt(s).		CONTAC	Angela	Sensenia				
						CONTACT Angela Sensenig PHONE PHONE (252) 631-5269 FAX (A/C No): (252) 649-2443					
Wade Associates, LLC 250 Pollock St.						PHONE (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL abortess: asensenig@wadeict.com					
								DING COVERAGE		NAIC #	
New	W Bern NC 2	8560			INSURE	RA: Markel	Insurance	Company		38970	
INSU	JRED				INSURE	RB:					
Ale	ex Adams, DBA: Adams Soil C	onsul	ting		INSURE	RC:					
167	76 Mitchell Rd.				INSURE	RD:					
					INSURE	RE:					
Ang		7501			INSURE	RF:					
		-	_	NUMBER: 23-24 Mast				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUC	QUIRE! RTAIN, POLIC	MENT, THE I	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	Y CONT HE POL	TRACT OR OTH LICIES DESCRI LUCED BY PAID	HER DOCUME BED HEREIN I CLAIMS.	NT WITH RESPECT TO WH	CH THIS		
INSR LTR	TYPE OF INSURANCE	INSC	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	- 175	
		_						MED EXP (Any one person)	\$		
		_						PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:		_					COMPUSE ON OUR STANK	\$	V. H.	
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	1	
	AUTOS SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$	10	
_		_	+						\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1	
	EXCESS LIAB CLAIMS-MA	DE				2		AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION			+-					PER OTH-	\$	_	
AND EMPLOYERS' LIABILITY Y / N								STATUTE ER	-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDENT	\$	1	
								E.L. DISEASE - EA EMPLOYEE	s		
	DÉSCRIPTION OF OPERATIONS below	+	+-					E.L. DISEASE - POLICY LIMIT	2	1	
A Errors & Omissions ME011181				MEO11181		1/31/2023	1/31/2024	General Aggregate Each Occurrence		\$1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (AC	ORD 10	1. 01, Additional Remarks Schedule. m	ay be atta	sched if more spa	ce is required)				
				.,							
CE	CERTIFICATE HOLDER CANCELLATION										
FOR INFORMATIONAL PURPOSES ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						EXPIRATION	DATE THEREO	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVE Y PROVISIONS.		BEFORE	
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					AUTHORIZED REPRESENTATIVE					

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N Whitsett/RACHEL