

County: Harnett

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 0633-75-6211

Issued To: Davidson Homes

Property Location: 273 Castle Pond Way - Fuquay-Varina, NC

Subdivision: Prince Place Phase II Lot #: 41 Block: _____ Section: _____

LSS Report Provided: Yes 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 (b) (Initial) Type III (b) (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: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Design Wastewater Strength: domestic high strength industrial process

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Pump Required: Yes No May be required based upon final location and elevations of facilities

Artificial Drainage Required: Yes No If yes, please specify details: _____

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: _____ Date: 6/5/23

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

See attached site sketch

County: Harnett

This Section for Local Health Department Use Only

Initial submittal received: 6-7-23 by JM
Date Initials

Permit Number: SFD 2300-004

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 _____
Date

State Authorized Agent: _____ Date: _____

Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: James E. Markham III RSM Date of Issuance: 6-13-23

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).

Improvement Permit Expiration Date: 6-5-28

See attached site sketch

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

PIN/Lot Identifier: 0633-75-6211

Issued To: Davidson Homes

Property Location: 273 Castle Pond Way

AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE: Alex Adams - AOWE#10021E

Facility Type: SFH

New Expansion Repair System Relocation

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** Type III (b) (Initial) Type III (b) (Repair)

Design Daily Flow: 480 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 No

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 405 feet Trench/Bed Spacing: 9 feet on center

Drainfield square footage: 1215 Trench/Bed Width: 36 inches LTAR: 0.4 gpd/ft²

Soil Cover: 6 inches Slope Adjusted Maximum Trench/Bed Depth: 12 inches

Aggregate Depth: 6 inches above pipe 6 inches below pipe 12 inches total

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? Yes No

Pump Requirements: 17.2 ft. TDH vs. 21.3 GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other: _____

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 a copy of the agreement.)

Multi-party Agreement Required [.1937(h)]: Yes No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: Yes No

Declaration of Restrictive Covenants: Yes No

****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 DAVIDSON HOMES RALEIGH DIVISION PERMITTING COORDINATOR

Owner/Legal Representative Signature: *Celinda Howell* Date: 06/06/23

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.

AOWE/PE Print Name: Alex Adams

AOWE/PE Signature: _____ Date: 6-5-23

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

See attached site sketch

County: Marion

This Section for Local Health Department Use Only

Initial submittal received: 6-7-23 by JM
Date Initials

Permit Number: SFD 2306-0014

G.S. 130A-335(a6) states the following: 'If a local health department fails to act on an application for a construction authorization submitted 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 _____
Date

State Authorized Agent: _____ Date: _____

Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: James E. Marshall III IZGAS Date of Issuance: 6-13-23

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here. This Construction Authorization 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 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 the Laws and Rules for Sewage Treatment and Disposal and to the 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. Final landscaping shall be constructed to divert water and establish vegetative cover.

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 plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 6-5-28

See attached site sketch