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

County: _____

PIN/Lot Identifier:	
Issued To:	
Property Location:	
Subdivision: Lot #: Block:	Section:
LSS Report Provided: Yes 🗌 No 🗌	
If yes, name and license number of LSS:	
New Repair Expansion System Relocation	
Proposed Structure:	
Proposed Wastewater System Type: (Initial)	(Repair)
Fill System: Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system)	em area please provide a fill plan)
Proposed Design Daily Flow: GPD Proposed LTAR (Initial): Proposed LTAF	R (Repair):
Design Wastewater Strength: domestic high strength industrial process	
Number of bedrooms: Number of Occupants: 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(13a)]	itted pursuant to GS 130A-334(7a)]
Permit conditions:	
Licensed Soil Scientist Print Name:	
Licensed Soil Scientist Signature: Alex Xdame Date	2:
The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 1	30A-335(a2).
See attached site sketch	

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This Section for Loca	l Health Departm	nent Use Only	
Initial submittal received:		by	
	Date	Initials	
Permit Number:			
G.S. 130A-335(a4) states the following: 'If a local health depa submitted pursuant to subsection (a3) of the section within 10 department shall issue the improvement permit.'	-		
In accordance with G.S. 130A-335(a3) the improvement perm	it 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:		Date of	lssuance:

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: _____

See attached site sketch

County: _____

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

PIN/Lot Identifier:
Issued To:
Property Location:
AOWE/PE Plans/Evaluations Provided: Yes 🗌 No 🗌 If yes, name and license number of AOWE/PE:
Facility Type:
New Expansion Repair System Relocation
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System**(Initial)(Repair)
Design Daily Flow: 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: gallons Total Trench/Bed Length: feet Trench/Bed Spacing: feet on center
Drainfield square footage: Trench/Bed Width: inches LTAR: gpd/ft ²
Soil Cover: inches Slope Adjusted Maximum Trench/Bed Depth: inches
Aggregate Depth:inches above pipeinches below pipeinches total
Pump Tank Size (if applicable): gallons Requires more than 1 pump? 🗌 Yes 🗌 No
Pump Requirements: ft. TDH vs 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: Caruso Homes On Your Lot - James Rumley (authorized signor)
Owner/Legal Representative Signature: Qames Rumley Date:6-13-2023
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.
AOWE/PE Signature: Xlex Hame Date: Date:
This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).
See attached site sketch

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This Section for Local Health Department Use Only

Initial submittal received:		by
	Date	Initials
Permit Number:		

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 Date of Issuance: ____ State Authorized Agent: ____ 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: _____

See attached site sketch

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761 alexadams@bcsoil.com

June 12, 2023 Project #1684

"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: Elliott Bridge Road – Bunnlevel, NC (Harnett County) – Harnett County PIN # 0536-61-8922 for Caruso 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 4-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 480 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.

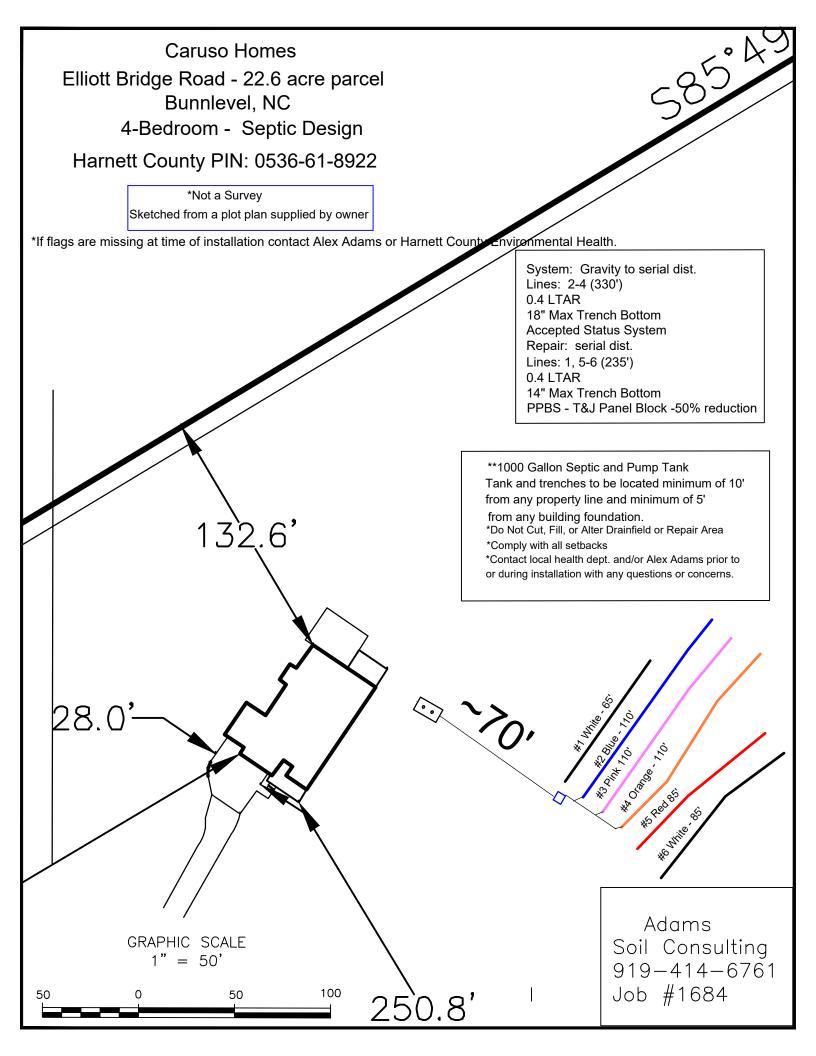
If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me anytime.

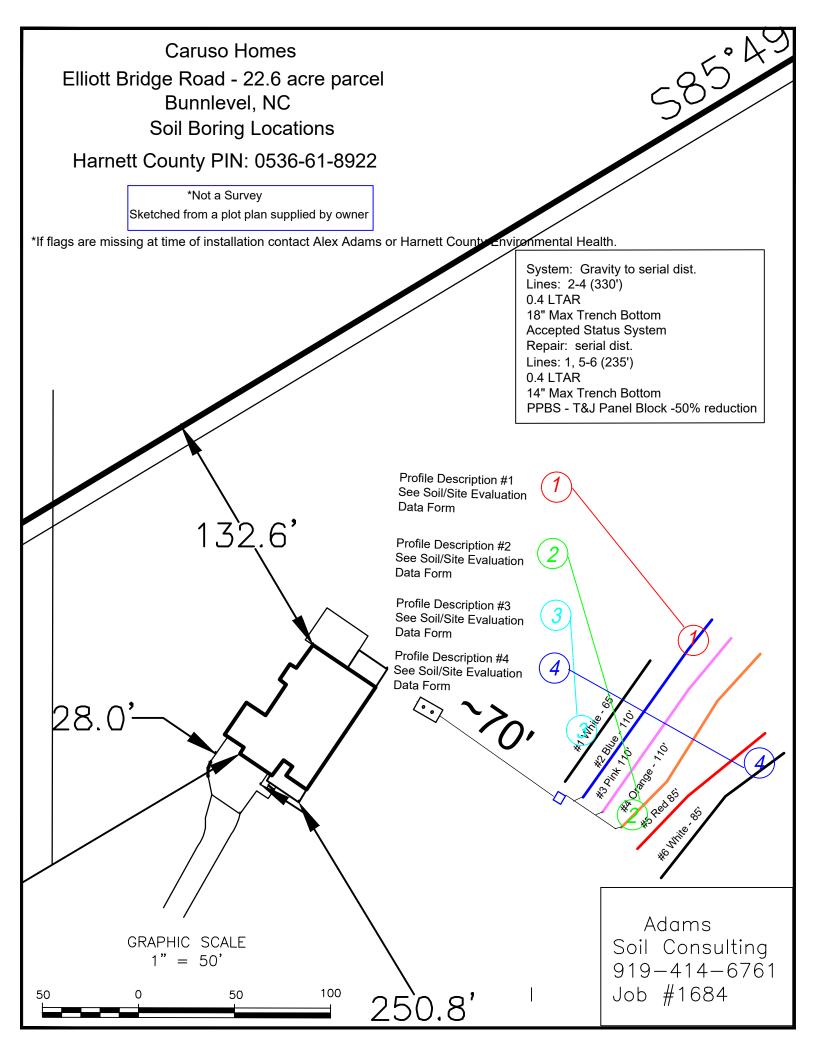
Sincerely,

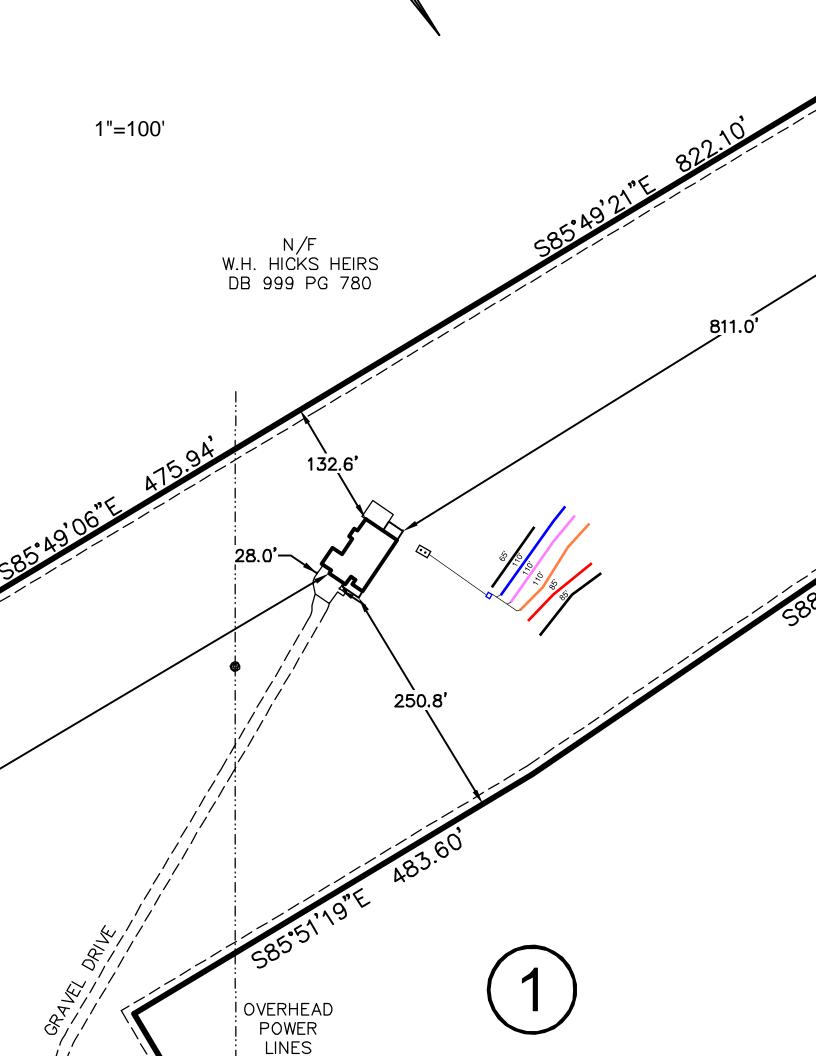
Alex Adams NC Licensed Soil Scientist #1247 AOWE Certification: 10021E

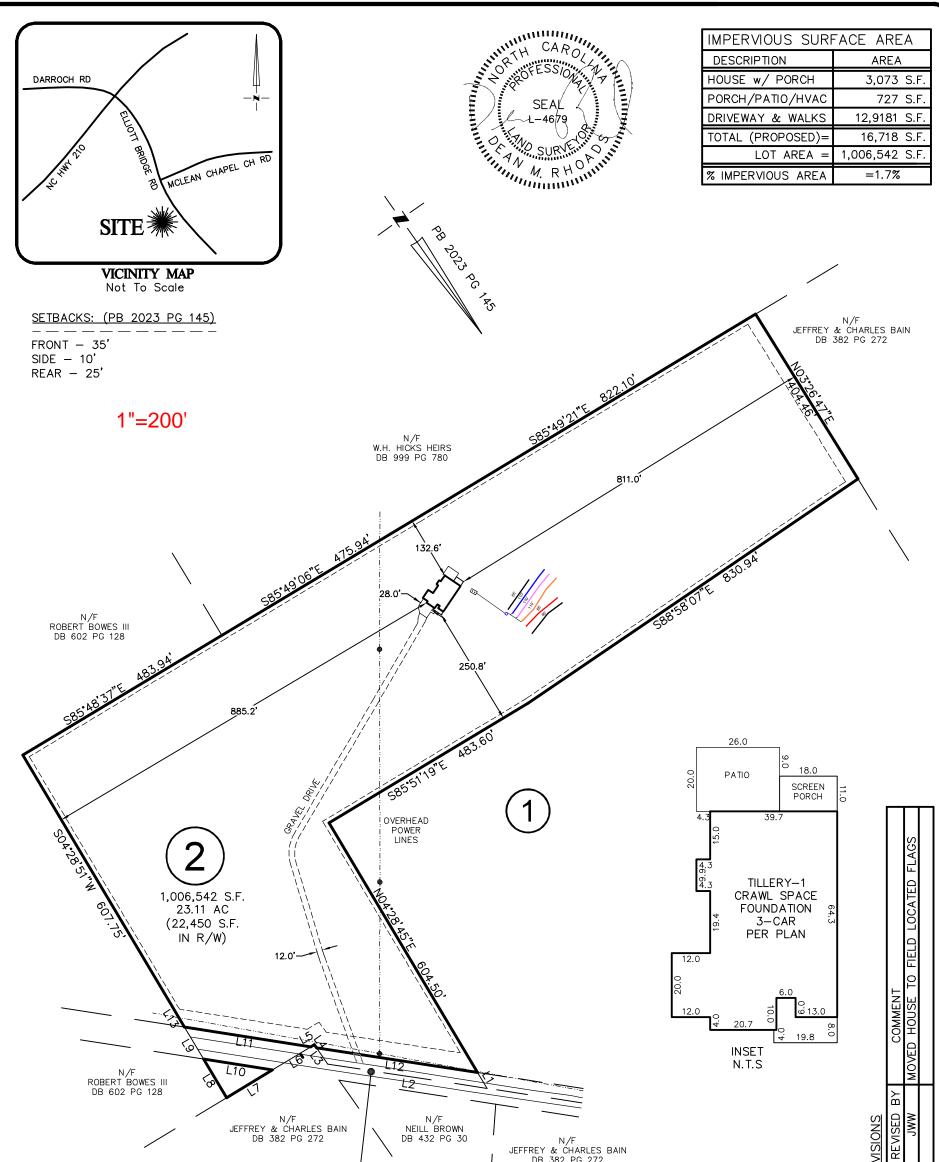




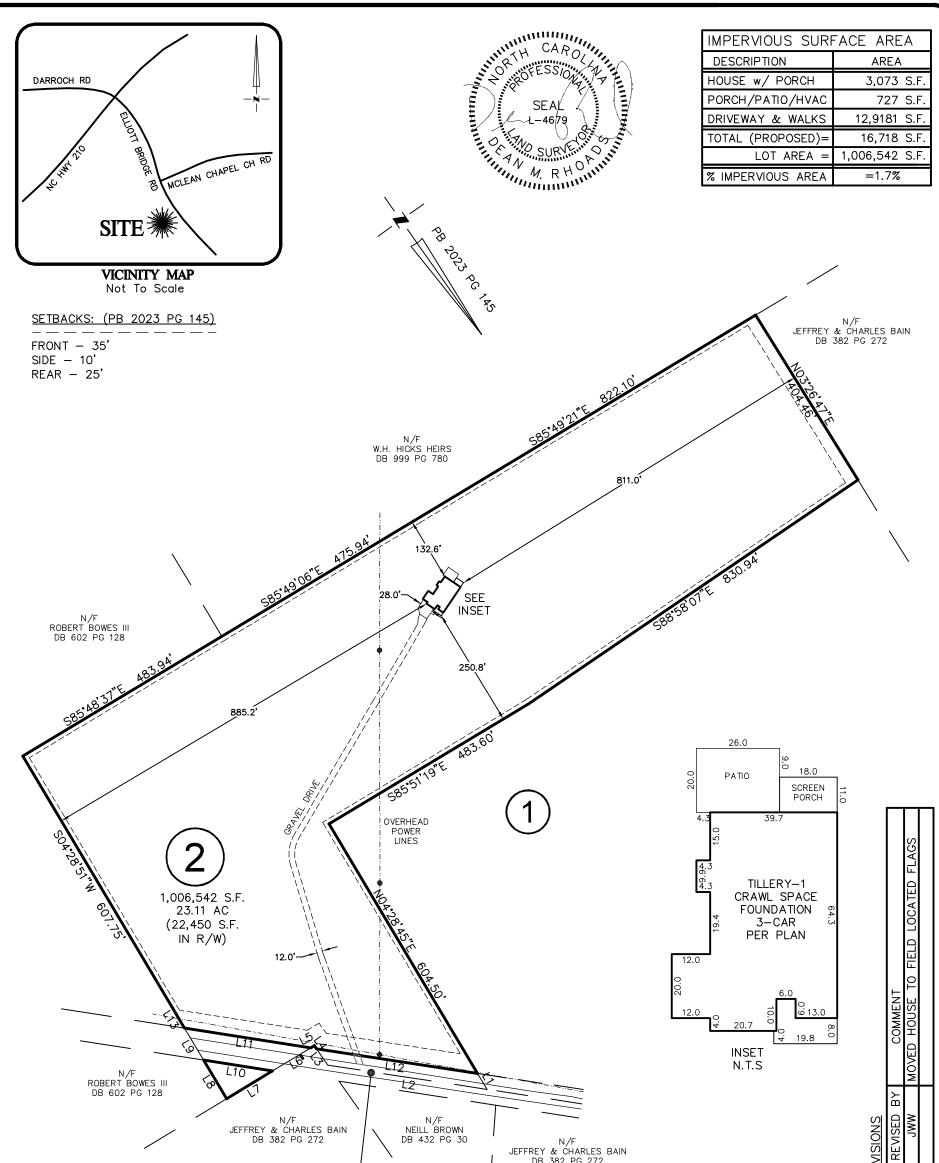








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LINE BEARING	DISTANCE		'				
L1 S04*27'28"W	38.85'		'				R 723
L2 S46*05'45"E L3 N00*23'50"E	335.54'			re dr			∢ _]
L3 N00*23'50"E L4 N00*23'50"E	41.37' 8.10'		T BRIDO		JAD		
L5 S85*56'16"E	8.66'		(N.C. SR 2045)				
L6 S85*56'16"E	93.16'						# -
L7 N85*56'31"W	111.68'		` 60'R/W ´				
L8 N04°28'00"E	93.37'						
L9 N04*28'00"E	77.88'						
L10 N45°52'33"W	145.06' 266.06'						
L11 S45*52'33"E L12 S46*05'42"E	339.34'				-		
L13 S04*27'37"W	51.41					THIS DRAWING DO	-S NOT
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			1	DB 382 PG 27	2		
LINE BEARING	DISTANCE		'				
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SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (Complete all fields in full)

OWNER: Caruso HomesAADDRESS: Elliott Bridge RoadIPROPOSED FACILITY: Single Family, 4-bedroomPROPOSED DESIGN FLOW (.1949): 480gpdLOCATION OF SITE: Elliott Bridge Road – Bunnlevel, NCPHWATER SUPPLY: Public WaterEVALUATION METHOD: Auger BoringTYPE OF WASTEWATER: Sewage

APPLICATION DATE: DATE EVALUATED: 6-8-23 PROPERTY SIZE: 22.6 acres

P R O F I L	.1940 LANDSCAPE	CAPE HORIZON				OTHER PROFILE FACTORS				
E #	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	0-26	GR/SL	FR/SEXP/NS	N/A	36	N/A	N/A	PS/.4	
	Slope/6%	26-36	SBK/SCL	FI/SEXP/SS						
1										
	Linear	0.22			NT / A	2())				
	Slope/6%	0-32		FR/SEXP/NS	N/A	36"	N/A	N/A	U/PS/.4	
2	1	32-40	SBK/SCL	FI/SEXP/SS						
2										
		0-14	GR/SL	FR/SEXP/NS	32"	36"	N/A	N/A	U/PS/.4	
		14-36	SBK/SCL	FI/SEXP/SS						
	Linear Slope/6%									
	51000									
4	Linear Slope/6%	0-24	GR/SL	FR/SEXP/NS	N/A	36"	N/A	N/A	U/PS/.4	
	prohe/0%	24-36	SBK/SCL	FI/SEXP/SS						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	S	S	SITE CLASSIFICATION (.1948): U/PS
System Type(s)	Type III (g)	Type III (g)	EVALUATED BY:A. Adams OTHER(S) PRESENT:
Site LTAR	0.4	0.4	
COMMENTS:			