Permit #:	



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes:	(a2) Improvement Permit	(a2) Construction Authorizat	ion	
	IMPROVEN	MENT PERMIT FOR G.S. 130A	-335(a2)	
County:				
PIN/Lot Identifier:			·	
Subdivision (if applicab	ole)	Lot #:	Block:	Section:
LSS Report Provided: Y	res No 🗌			
If yes, name and licens	e number of LSS:			
New 🗌	Expansion	System Relocation	Change of Us	е 🗌
Proposed Structure:				
Number of bedrooms:	Number of Occupants: _	Other:		
Design Wastewater Str	rength: domestic	high strength in	dustrial process	
Proposed Design Daily	Flow: GPD	Proposed LTAR (Initial):	_ Proposed LTAR (Repair)	:
Proposed Wastewater	System Type*:	(Initial) Pum	p Required: Yes No	May be required
Proposed Wastewater	System Type*:	(Repair) Pum	p Required: Yes No	May be required
*Please include system	n classification for proposed waste	water system types in accordance with	15A NCAC 18A .1961 Table	? V(a)
Saprolite System (initia	al): 🗌 Yes 🔲 No Saproli	te System (repair): 🗌 Yes 🔲 No		
Fill System (Initial):	Yes No If yes, specify: No	ew Existing (when adding more t	han 6 inches of fill to syster	n area provide a fill plan)
Fill System (repair):	Yes No If yes, specify: N	lew Existing (when adding more	than 6 inches of fill to syste	m area provide a fill plan)
Usable Soil Depth (Initi	ial): Usable	Soil Depth (Repair):		
Max. Trench Depth (Ini	itial)‡: Max. T	rench Depth (Repair)‡:	[‡] Measured on the dov	vnhill side of the trench
Artificial Drainage Requ	uired: Yes No If yes, plea	ase specify details:		
Type of Water Supply:	Private well Public well	Shared well Municipal Sup	ply Spring Oth	er:
Drainfield location med	ets requirements of Rule .1945: Y	es 🔲 No 🔲 Drainfield location m	neets requirements of Rule	.1950: Yes 🔲 No 🗌
Permit valid for: 🗌 Fiv	ve years [site plan submitted pursu	uant to GS 130A-334(13a)] 🔲 No exp	piration [plat submitted purs	suant to GS 130A-334(7a)
Permit conditions:				
Licensed Soil Scientist I	Print Name			
Licensed Soil Scientist	\\ \(\) \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	amæ	 Date:	

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH



Permit #:

This Section for Local Health Department Use Only

Initial subn	nittal received:		by		
		Date	Initials	5	
G.S. 130A-335(a3) states the following:					
When an applicant for an Improvement Permit submits to department, the common form developed by the Departm within five business days of receiving the application, condepermit includes all of the required components. If the local shall notify the applicant of the components needed to condepartment to cure the deficiencies in the Improvement Pois complete within five business days after the local health act within any period set out in this subsection, the applications form for use as the Improvement Permit.	ent, and a soil evaluati duct a completeness rev I health department de mplete the Improvemer ermit. The local health o department receives ti	on pursuant to su view of the submit termines that the nt Permit. The app department shall he additional info	bsection (a2) of thi tal. A determinatic Improvement Pern Ilicant may submit make a final detern rmation from the a	is section, the local hea on of completeness me nit is incomplete, the lo additional information mination as to whether applicant. If the local he	Ith department shall, ans that the Improvement cal health department to the local health the Improvement Permit ealth department fails to
The review for completeness of this Improvem Permit is determined to be:	ient Permit was co	onducted in ac	cordance with (G.S. 130A-335(a3)	. This Improvement
☐ Incomplete (If box is checked, information	ı in this section is r	equired.)			
The following items are missing:					
Copies of this were sent to the LSS and the Ap		Date			
State Authorized Agent:				Date:	
☐ Complete	3//0			121	
State Authorized Agent:				Date:	
This Improvement Permit is issued pursuant to attached here. The issuance of this permit by permit holder is responsible for checking with to revocation if the site plan, plat, or the interownership of the site. This permit is subject to Disposal and to the conditions of this permit.	y the Health Depar n appropriate gove nded use changes. to compliance witl	rtment in no we erning bodies . The Improve	ay guarantees in meeting the ement Permit s	the issuance of o ir requirements. T shall not be affecte	ther permits. The his permit is subject ed by a change in
The Department, the Department's authorize any liabilities, duties, and responsibilities imp evaluations, submittals, or actions from a lice	osed by statute o	r in common l	aw from any cl	laim arising out of	or attributed to
Improvement Permit Expiration Date:					

See attached site sketch



Permit #:	
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Re-submittal of Improvement Permit

Г				\neg
	LHD USE ONLY: This IP resubmittal received:		by	
		Date	Initials	
The following it	ems are being resubmitted pursuant to G.S. 130A-335((a3) for issuance	of the Improvement Permit:	
	STA	The	A.	
	A THE SH	THE OF		
is accurate and o	hereby attest that cientist (Print Name) complete to the best of my knowledge and that the prolams, regulations, rules, and ordinances.		required to be included with ement Permit meets all appli	
Signature	e of Licensed Soil Scientist		Date	
	The section below is for Local Health Department use o	after submittal of	items noted as missing above.	
LHD Follow-u	p Completeness Review of Improvement Pe	ermit		
	ompleteness of this Improvement Permit re-submitta ermit is determined to be:	l was conducted	in accordance with G.S. 130	A-335(a3). This
☐ Incomplete	(If box is checked, information in this section is requir	red.)		
The following ite	ems are missing:			
	The second	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Copies of this we	ere sent to the LSS and the Applicant on			
State Authorized	d Agent:		Date:	
☐ Complete				
State Authorized	d Agent:		Date:	



Permit #:	
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CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County:
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 Change of Use
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System*(Initial)(Repa
*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
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?
Installation Requirements/Conditions
Septic Tank Size: gallons Total Trench/Bed Length: feet Trench/Bed Spacing: feet on center
Trench/Bed Width: inches LTAR: gpd/ft ²
Soil Cover: inches Slope Corrected Maximum Trench/Bed Depth [‡] : inches [‡] Measured on the downhill side of the trench
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)]:
Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: 🔲 Yes 🔲 No
Declaration of Restrictive Covenants:
Pre-Construction Conference Required: Yes No No
Conditions:
All torons
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: Expiration Date:
AOWE/PE Signature: Date:

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

See attached site sketch



Permit #:

This Section for Local Health Department Use Only

	Initial submittal received:	by	
		Date	Initials
G.S. 130A-335(a5) states the follo	_		
mprovement Permit and Construction All Department, and any necessary signed and any necessary signed and angineer or a person certified pursuant to department shall, within five business dath the Construction Authorization or Improvements needed to conditional information to the local health Authorization. The local health department fails to act within any period apply for the building permit for the project of the engineer submitting the evaluation or Improvement Permit and the local health department and the local he local health department and the local he local health department and the local he local health department and the local health department and the local health department shall he local health department shall he local health department shall health department shall he local health shall he local health shall he local health shall he local health shall health shall he local health shall health sh	uthorization application together, the pend sealed plans or evaluations conducted of Article 5 of Chapter 90A of the General ys of receiving the application, conduct a green Permit and Construction Authorizization or Improvement Permit and Construction or Improvement Permit and Construction or Improvement Permit and Construction Authorization of the Construction Authorization of the Sall make a final determination as to interest and sall make a final determination as to interest and the subsection, the applicant sect upon the decision of completeness of the point or if the local health department fair in pursuant to this subsection may requited Construction Authorization for cause. Let	rmit fee charged by the lood by a person licensed purson licensed purson licensed purson licensed purson licensed purson licensed purson licensed l	ntion together, submits a Construction Authorization, or an cal health department, the common form developed by the suant to Chapter 89C of the General Statutes as a licensed of On-Site Wastewater Evaluator, the local health the submittal. A determination of completeness means that required components. If the local health department the complete, the local health department shall notify the add Construction Authorization. The applicant may submit toon or Improvement Permit and Construction on Authorization or Improvement Permit and Construction and information from the applicant. If the local health that as a determination of completeness. The applicant may ration or Improvement Permit and Construction ass days. The Authorized On-Site Wastewater Evaluator or repartment revoke or suspend the Construction as Authorized On-Site Wastewater Evaluator or licensed and Construction Authorization pursuant to G.S.
The review for completeness of t	this Construction Authorization v	was conducted in acc	ordance with G.S. 130A-335(a5). This
Construction Authorization is de	termined to be:		
☐ Incomplete (If box is checked	d, information in this section is re	equired.)	
The following items are missing:			
Copies of this were sent to the A	OWE/PE and the Applicant on _	Date	W 76 //
State Authorized Agent:			Date:
Complete	1 Land		15/8
State Authorized Agent:	J. PRIL	12 1776	Date of Issuance:
attached here. This Construction Construction Authorization shall to compliance with the provision of the Department, the Department in liabilities, duties, and respondans, evaluations, preconstruct the General Statutes as a license Authorized On-Site Wastewater agents, and the local health dep	n Authorization is subject to rev I not be affected by a change in ns of the Laws and Rules for Sev nt's authorized agents, and the nsibilities imposed by statute or cion conference findings, submit ed engineer or a person certified Evaluator in GS 130A-335(a2), (ocation if the site plan ownership of the site wage Treatment and local health department in common law from tals, or actions from a pursuant to Article (a5), and (a7). The Dend bear liability for the	ing the signed and sealed plans or evaluations an, plat, or the intended use changes. The ite. This Construction Authorization is subject Disposal and to the conditions of this permit. In ents shall be discharged and released from many claim arising out of or attributed to a person licensed pursuant to Chapter 89C of 5 of Chapter 90A of the General Statutes as an epartment, the Department's authorized their actions and evaluations and other pursuant to GS 130A-337.
Construction Authorization Expi	ration Date:		
·		<u></u>	
	dia .		

See attached site sketch



Permit #:	
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Re-submittal of Construction Authorization

	THE USE ONLY:	This CA resubmittal received:		by		
	END OSE ONET.	Tills CA resubilittal received	Date	by	als	
The following i	tems are being resul	omitted pursuant to G.S. 130A-33	35(a5) for issuance of	of the Construction	n Authorization:	
1		harahy attact the	at the information r	roquired to be incl	udad with this r	o submittal
is accurate and			at the information r			
Signatur	re of Authorized On-Site \	Nastewater Evaluator		Date	T)	
LHD Follow-ւ		w is for Local Health Department us s Review of Construction A		tems noted as missi	ng above.	
	completeness of thi on Authorization is o	s Construction Authorization re-s determined to be:	submittal was condo	ucted in accordan	ce with G.S. 130	A-335(a5).
☐ Incomplete	(If box is checked, ir	formation in this section is requi	ired.)			
The following it	ems are missing:					
		IANO 302 MIL	M VIDER	19		
Copies of this w	vere sent to the AOV	VE/PE and the Applicant on	Date	-		
State Authorize	ed Agent:			Date: _		
Complete						
State Authorize	ed Agent:			Date: _		

6

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

alexadams@bcsoil.com

December 4, 2023 Project #1828

"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: 4954 NC 55 E – Erwin, NC 28339 (Harnett County PIN # 0598-71-2238) – Matthew Melvin, Jr.

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.

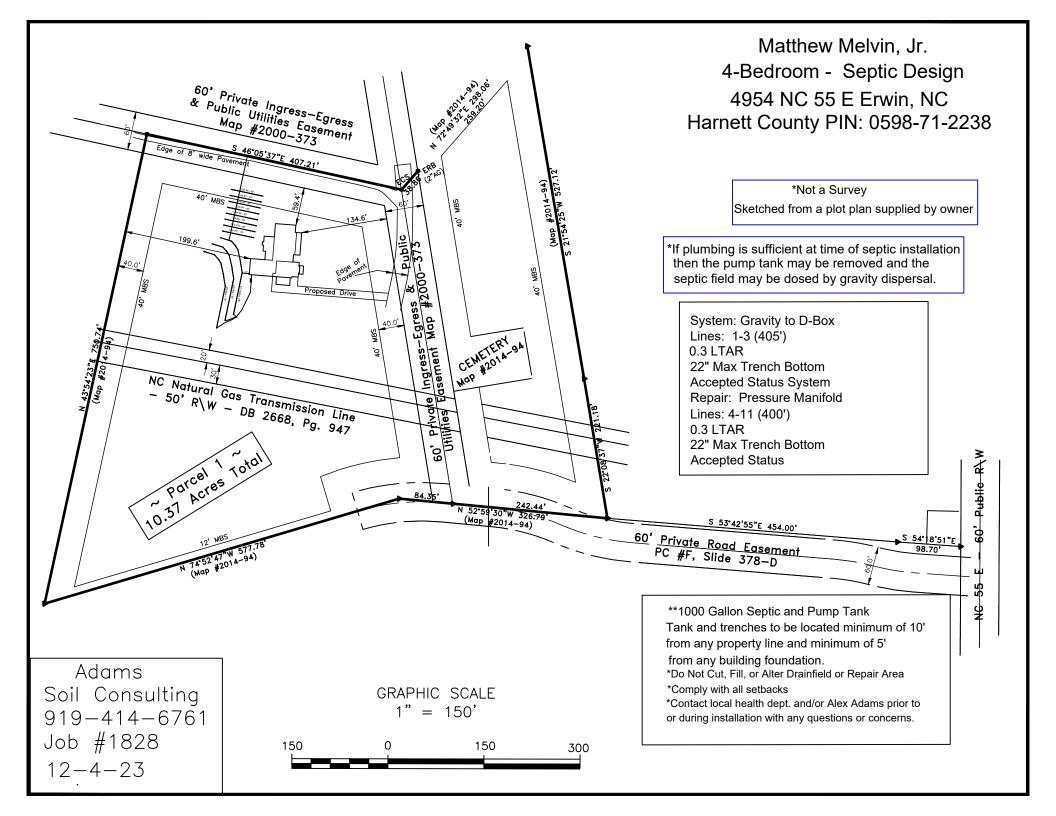
Sincerely,

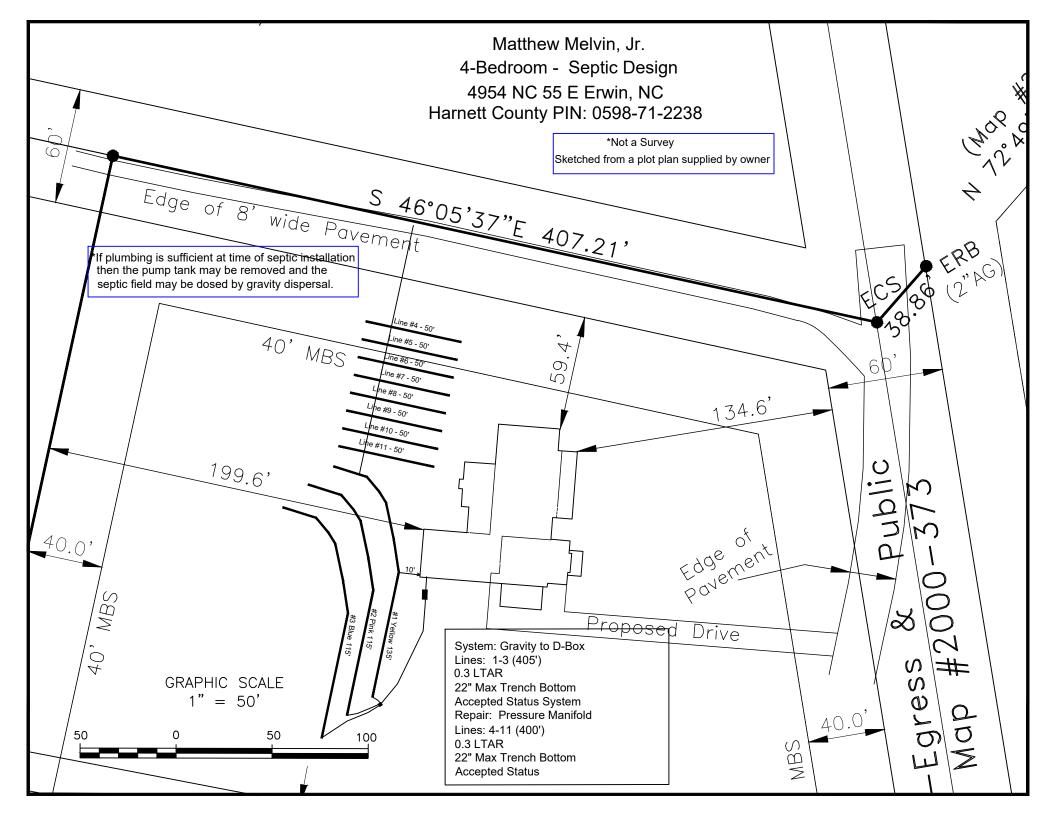
Alex Adams

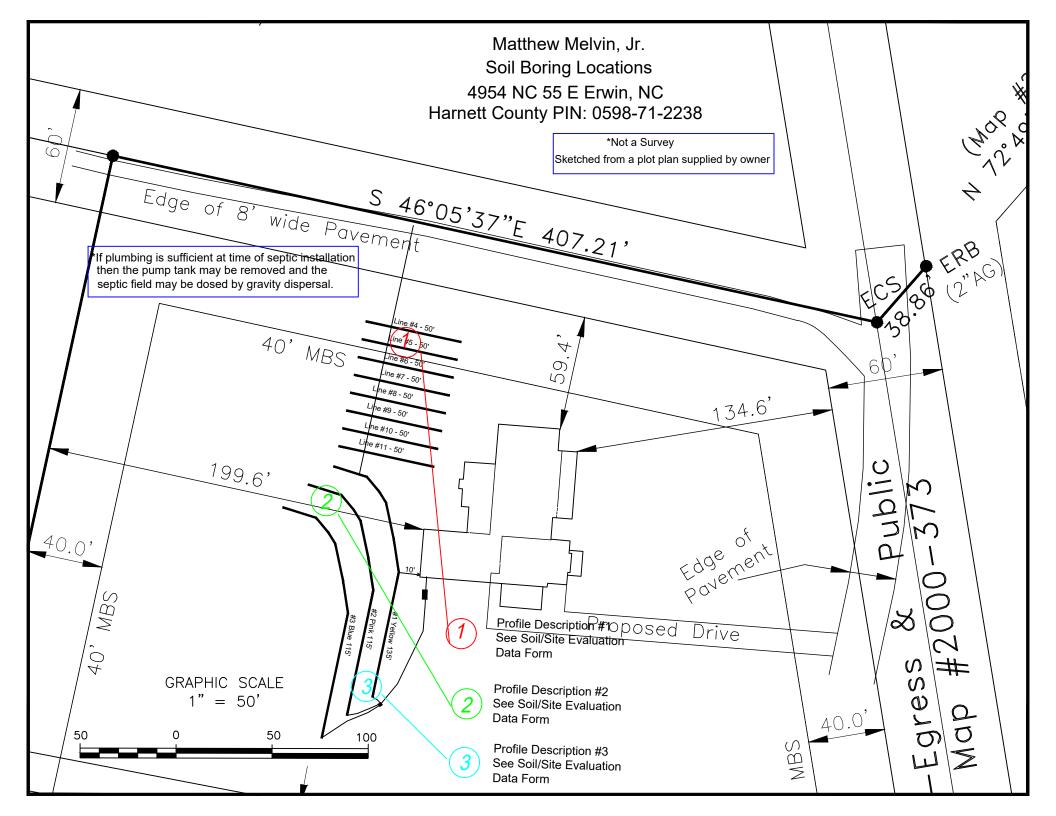
NC Licensed Soil Scientist #1247 AOWE Certification: 10021E

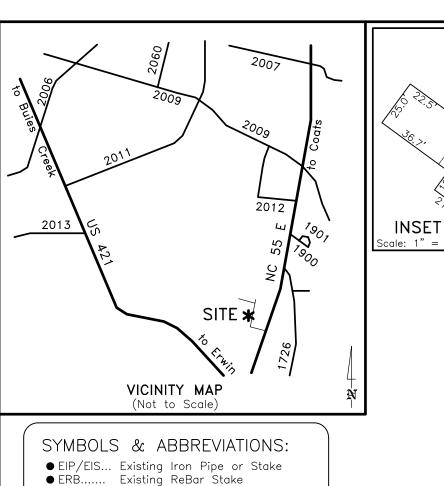












Existing ReBar Stake Existing Rail Road Spike • ERRS... Existing Parker-Kaylon Nail

Exsiting Magnetic Nail ● EMN... Existing Cotton Picker Spindle ☑ ECM...... Existing Concrete Monument AG/BG..... Above/Below Ground Surface △ CP.. Calculated Point (not set)

 ○ CNTRL..... Control Point - Grid Coordinates . Iron Stake Set (#4 rebar) O ISS.. O MNS. Magnetic Nail Set ⊕ CSS. Cotton Spindle Set Fire Hydrant

Power Pole Overhead Electric Lines Minimun Building Setback . Centerline of Road or Easement Right-of-Way

P.B/P.C....Plat Book / Plat Cabinet . Map Book NC PIN.....Parcel Identifier Number Acres (Area of property) Square Feet

.... House Address

Deed Book

SURVEY NOTES:

₩ PP..

Iron Stakes (½"ø Re−bar) set at all new property corners unless labeled otherwise. Magnetic Nails set at all points in paved road surfaces, unless otherwise indicated.

Areas determined by coordinate method. All distances & dimensions are horizontal ground distances unless otherwise indicated.

No NC Geodetic Survey monuments or other such control monuments were found within 2,000 feet of the subject property unless otherwise shown hereon.

This survey is based upon the references shown as taken from County GIS records. No title search was provided for this survey. A complete title search by a licensed attorney may reveal other easements, restrictions, and title issues not made available to the surveyor.

No underground utilities were marked by providers prior to this survey. Call NC 811 prior to any excavation to locate any

Wetlands, soil conditions, or other environmental features were not delineated for this survey.

LINE LEGEND:

——— Wood Fence

——Subject Boundary Surveyed — Subject Boundary Not Surveyed — — Adjacent Property Lines · · · · · · Abandoned Property Lines Right of Way Lines

--- Center of Right-of-Way

--- Easement Lines -----Survey Tie Lines
— — — Minimum Building Setback ----OHE ---- Overhead Electric Lines ——w—— Water Line —— Chainlink Fence

FEMA FLOOD HAZARD STATEMENT The subject property shown on this plat is located within the FEMA "Zone X" (Minimal Flood Risk) Area as shown on FIRM Number: 3720059800J Effective date: 10/3/2006

REFERENCES:

-Deed Book 4188, Pg. 2548 (Tract No. 1)

-Map #2014-94 (Lot Number 1)

Easements:

Erwin ETJ - RD

Minimum Building

Setback Requirements

FRONT: 40' from R/W

MAXIMUM HEIGHT: 35'

REAR: 40' SIDE: 12'

-Deed Book 1088, Page 711

-Deed Book 1247, Page 535

Declaration of Restrictions and Provisions for Private Road Maintenance Agreement:

-Deed Book 1463, Page 530

Piedmont Natural Gas Company

-Deed Book 2668, Page 947

~PRELIMINARY PLOT PLAN~

 Not an actual survey— This plan represents proposed improvements to a lot of record. This plan is subject to review and approval by County Planning

and Inspections Departments. Horizontal Scale

60. Private Road Edsement "PLOT PLAN" Mapped For: STREAMLINE LAND SURVEYING, Inc. Revisions: Luisa Arisveth Melvin NC FIRM C-1898 & Darryl Matthew Melvin, Jr. 870 NC 55 W, Coats, N.C. 27521 Care of: Stand Sure Custom Homes Inc. Phone: 910-897-7715 DATE: NOVEMBER 8, 2023 Property Address: 4954 NC 55 E, Erwin, NC 28339 100' SCALE: 1" = 100' SURVEYED BY: REG DRAWN BY: MGG GROVE TOWNSHIP - HARNETT COUNTY - NORTH CAROLINA FILE: 0598\231107ME.dwg (PlotPlan) ZONED: Erwin-RD - PID: 070598 0143 - PIN: 0598-712238.000

CEMETERY

Map #2014-94_,

Clifton Ray Ryals Carolyn Dale Ryals D.B. 3232, Pg. 276 Map #2014-94 (Parcel 3)

Proposed House (See Inset)

Cun Chang Lin

D.B. 1819, Pg. 315 Map #98-148

~ Parcel 1

10.37 Acres Total

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Matthew Melvin, Jr.

ADDRESS: 4954 NC 55 E Erwin, NC

PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480gpd

APPLICATION DATE:
DATE EVALUATED:
PROPERTY SIZE: 10.37 Acres

LOCATION OF SITE: 4954 NC 55 E Erwin, NC

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring TYPE OF WASTEWATER: Sewage

LVIIL	VALUATION METHOD: Auger Boring TYPE OF WASTEWATER: Sewage								
P R O F I L E	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear Slope/2%	0-6	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/.3
		6-36	SBK/CL	FI/SEXP/SS					
	Linear Slope/2%	0-15	GR/SL	FR/SEXP/NS	N/A	34"	N/A	N/A	U/PS/.3
		15-36	SBK/CL	FI/SEXP/SS					
2									
	Linear Slope/2%	0-12	GR/SL	FR/SEXP/NS	N/A	36"	N/A	N/A	U/PS/.3
		12-36	SBK/CL	FI/SEXP/SS					
	_								
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):				
Available Space (.1945)	S	S	SITE CLASSIFICATION (.1948): U/PS EVALUATED BY:A. Adams OTHER(S) PRESENT:				
System Type(s)	Type III G	Type III (b)					
Site LTAR	0.3	0.3					

COMMENTS:_