



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #
240102

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Matthew Melvin	Property Owner	
Home Address	4954 N 55 E	Home Address	
City, State, Zip	Erwin, NC 28339	City, State, Zip	
Telephone	(910) 988 6260	Telephone	
Email	matthew.melvin@live.com	Email	

Address of Proposed Property		4954 NC 55	
Parcel Identification Number(s) (PIN)	0598-71-2238	Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.			
Description of any proposed improvements to the building or property		New Stick Built SFD	
What was the Previous Use of the subject property?			
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA <u>Yes</u> / <u>No</u>		Watershed <u>Yes</u> / <u>No</u> Wetlands <u>Yes</u> / <u>No</u>	
MUST circle one that applies to property		Existing/Proposed Septic System Or Existing/Proposed County/City Sewer	

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Matthew Melvin	Matthew Melvin	2-24-2024
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District	MO	Existing Nonconforming Uses or Features	
Front Yard Setback	40 Ft	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other
Side Yard Setback	12 Ft	Requires Town Zoning Inspection(s) <input checked="" type="checkbox"/> Foundation <input checked="" type="checkbox"/> Prior to C. of O.	
Rear Yard Setback	40 Ft	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: 100	Date Paid: 01/24/24 Staff Initials: KB

Comments	Will have well well & septic on property
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Signature of Town Representative: <i>[Signature]</i>	Date Approved/Denied:
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All needs water/septic

PAID

JAN 24 2024 *KB*

Cash

TOWN OF ERWIN

Permit #: _____



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: [x] (a2) Improvement Permit [x] (a2) Construction Authorization [] Fee \$ _____

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

County: Harnett
PIN/Lot Identifier: 0598-71-2238
Issued To: Matthew Melvin, Jr.
Property Location: 4954 NC 55 E Erwin, 28339
Subdivision (if applicable): N/A Lot #: 1 Block: Section:
LSS Report Provided: Yes [x] No []
If yes, name and license number of LSS: Alex Adams - LSS #1247
New [x] Expansion [] System Relocation [] Change of Use []
Proposed Structure: SFH
Number of bedrooms: 4 Number of Occupants: 8 Other:
Design Wastewater Strength: [x] domestic [] high strength [] industrial process
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: Type III (g) (Initial) Pump Required: [] Yes [x] No [] May be required
Proposed Wastewater System Type*: Type III (g) (Repair) Pump Required: [] Yes [x] No [] May be required
*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
Saprolite System (initial): [] Yes [x] No Saprolite System (repair): [] Yes [x] No
Fill System (Initial): [] Yes [x] No If yes, specify: [] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (repair): [] Yes [x] No If yes, specify: [] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 36 Usable Soil Depth (Repair): 36
Max. Trench Depth (Initial)*: 22 Max. Trench Depth (Repair)*: 22 *Measured on the downhill side of the trench
Artificial Drainage Required: [] Yes [x] No If yes, please specify details:
Type of Water Supply: [] Private well [] Public well [] Shared well [x] Municipal Supply [] Spring [] Other:
Drainfield location meets requirements of Rule .1945: Yes [x] No [] Drainfield location meets requirements of Rule .1950: Yes [x] No []
Permit valid for: [x] 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: Alex Adams Date: 12-4-23

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



Permit #: _____

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date Initials

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) 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 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 the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

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

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Licensed Soil Scientist *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____



Permit #: _____

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

County: Harnett

PIN/Lot Identifier: 0598-71-2238

Issued To: Matthew Melvin, Jr.

Property Location: 4954 NC 55 E Erwin, NC 28339

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 Change of Use

Basement? Yes No Basement Fixtures? Yes No

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

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

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
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

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

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth⁺: 22 inches ** Measured on the downhill side of the trench*

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

Pump Tank Size (if applicable): N/A 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

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 Expiration Date: 12-31-24

AOWE/PE Signature: Alex Adams Date: 12-4-23

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

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date Initials

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by 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, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date of Issuance: _____

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) 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. 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 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



Permit #: _____

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

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 Applicant on _____
Date

State Authorized Agent: _____ Date: _____

Complete

State Authorized Agent: _____ Date: _____

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.

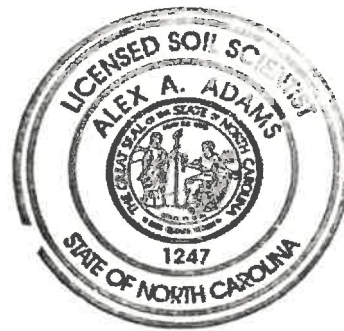
This report discusses the location of provisionally suitable soils identified on the property and does not guarantee the future function of any waste water disposal system installed.

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



Matthew Melvin, Jr.
 4-Bedroom - Septic Design
 4954 NC 55 E Erwin, NC
 Harnett County PIN: 0598-71-2238

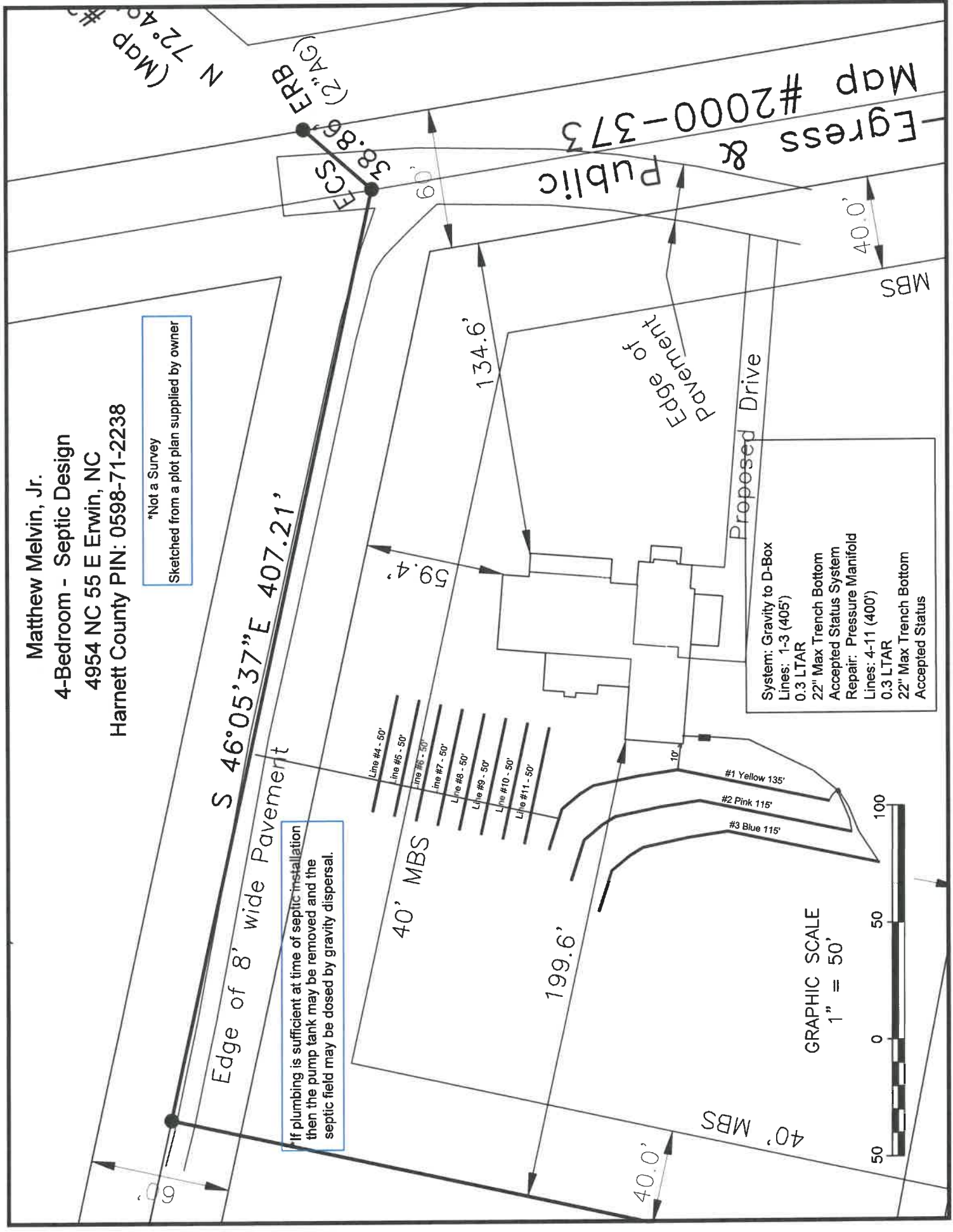
*Not a Survey
 Sketched from a plot plan supplied by owner

S 46°05'37"E 407.21'
 Edge of 8' wide Pavement

If plumbing is sufficient at time of septic installation then the pump tank may be removed and the septic field may be dosed by gravity dispersal.

- Line #4 - 50'
- Line #5 - 50'
- Line #6 - 50'
- Line #7 - 50'
- Line #8 - 50'
- Line #9 - 50'
- Line #10 - 50'
- Line #11 - 50'

System: Gravity to D-Box
 Lines: 1-3 (405')
 0.3 LTAR
 22" Max Trench Bottom
 Accepted Status System
 Repair: Pressure Manifold
 Lines: 4-11 (400')
 0.3 LTAR
 22" Max Trench Bottom
 Accepted Status



Matthew Melvin, Jr.
 Soil Boring Locations
 4954 NC 55 E Erwin, NC
 Harnett County PIN: 0598-71-2238

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

S 46°05'37"E 407.21'
 Edge of 8' wide Pavement

If plumbing is sufficient at time of septic installation then the pump tank may be removed and the septic field may be dosed by gravity dispersal.

- Line #4 - 50'
- Line #5 - 50'
- Line #6 - 50'
- Line #7 - 50'
- Line #8 - 50'
- Line #9 - 50'
- Line #10 - 50'
- Line #11 - 50'

Egress & Public
 Map #2000-373
 40.0'
 MBS

Edge of Pavement

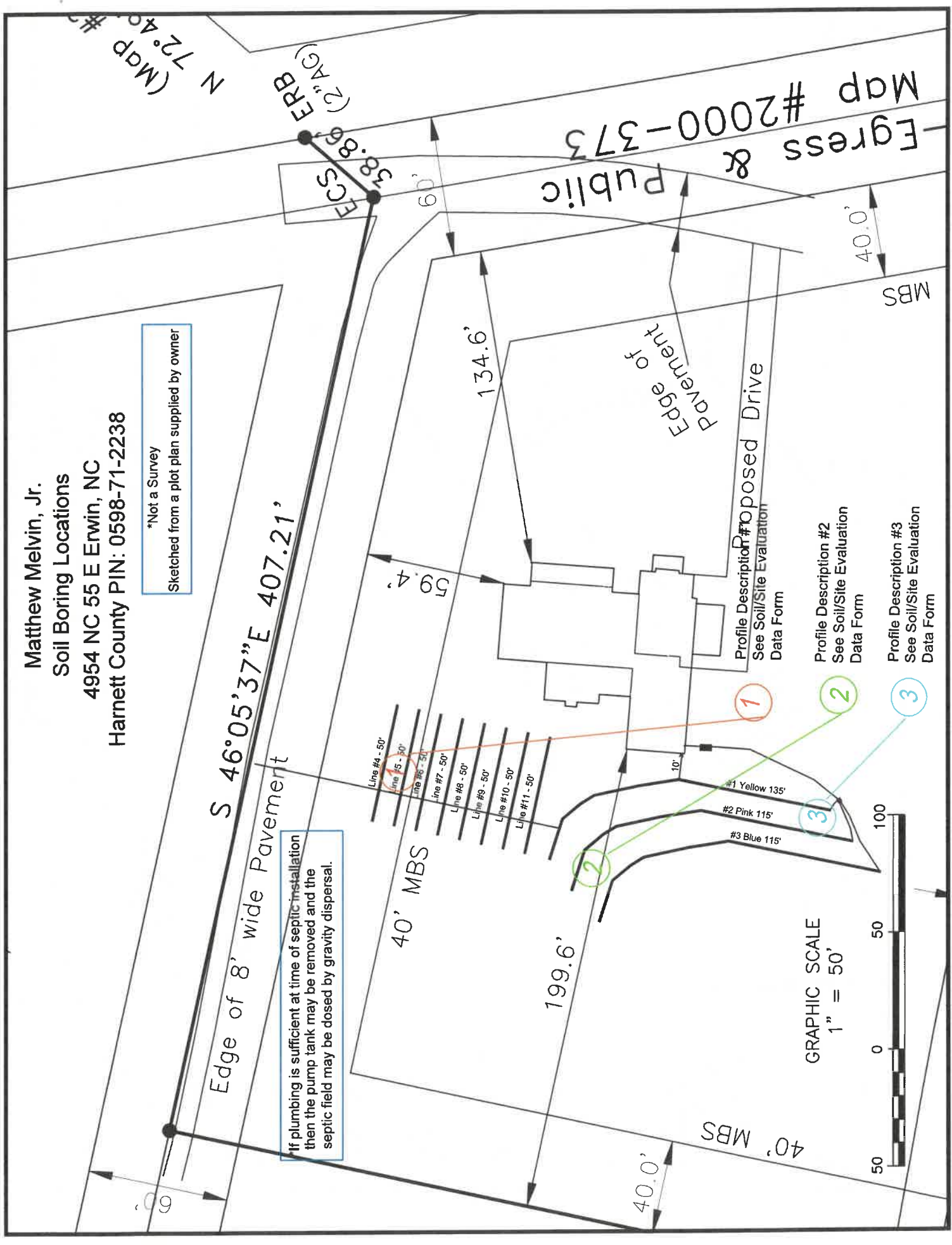
Proposed Drive
 Profile Description #1
 See Soil/Site Evaluation Data Form

Profile Description #2
 See Soil/Site Evaluation Data Form

Profile Description #3
 See Soil/Site Evaluation Data Form

- #1 Yellow 135'
- #2 Pink 115'
- #3 Blue 115'

GRAPHIC SCALE
 1" = 50'



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
 LOCATION OF SITE: 4954 NC 55 E Erwin, NC
 WATER SUPPLY: Public Water
 EVALUATION METHOD: Auger Boring

APPLICATION DATE:
 DATE EVALUATED:
 PROPERTY SIZE: 10.37 Acres

TYPE OF WASTEWATER: Sewage

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	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					
2	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					
3	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): _____ SITE CLASSIFICATION (.1948): U/PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III G	Type III (b)	
Site LTAR	0.3	0.3	

COMMENTS:

