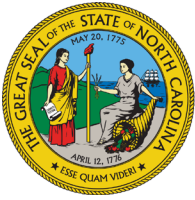


Permit #: \_\_\_\_\_



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

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

County: \_\_\_\_\_

PIN/Lot Identifier: \_\_\_\_\_

Issued To: \_\_\_\_\_

Property Location: \_\_\_\_\_

Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

LSS Report Provided: Yes [ ] No [ ]

If yes, name and license number of LSS: \_\_\_\_\_

New [ ] Expansion [ ] System Relocation [ ] Change of Use [ ]

Proposed Structure: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

Design Wastewater Strength: [ ] domestic [ ] high strength [ ] industrial process

Proposed Design Daily Flow: \_\_\_\_\_ GPD Proposed LTAR (Initial): \_\_\_\_\_ Proposed LTAR (Repair): \_\_\_\_\_

Proposed Wastewater System Type\*: \_\_\_\_\_ (Initial) Pump Required: [ ] Yes [ ] No [ ] May be required

Proposed Wastewater System Type\*: \_\_\_\_\_ (Repair) Pump Required: [ ] Yes [ ] 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 [ ] No Saprolite System (repair): [ ] Yes [ ] No

Fill System (Initial): [ ] Yes [ ] 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 [ ] 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): \_\_\_\_\_ Usable Soil Depth (Repair): \_\_\_\_\_

Max. Trench Depth (Initial)\*: \_\_\_\_\_ Max. Trench Depth (Repair)\*: \_\_\_\_\_ \* Measured on the downhill side of the trench

Artificial Drainage Required: [ ] Yes [ ] No If yes, please specify details: \_\_\_\_\_

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared 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: \_\_\_\_\_

Licensed Soil Scientist Signature: Alex Adams 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

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

### ***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:

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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:

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Copies of this were sent to the LSS and the Applicant on \_\_\_\_\_  
Date

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**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 UseBasement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\* \_\_\_\_\_ (Initial) \_\_\_\_\_ (Repair)

*\*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 processSession 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: \_\_\_\_\_ gallons Total Trench/Bed Length: \_\_\_\_\_ feet Trench/Bed Spacing: \_\_\_\_\_ feet on center

Trench/Bed Width: \_\_\_\_\_ inches LTAR: \_\_\_\_\_ gpd/ft<sup>2</sup>Soil Cover: \_\_\_\_\_ inches Slope Corrected Maximum Trench/Bed Depth<sup>†</sup>: \_\_\_\_\_ inches *\* Measured on the downhill side of the trench*

Aggregate Depth: \_\_\_\_\_ inches above pipe \_\_\_\_\_ inches below pipe \_\_\_\_\_ inches 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  NoEasement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]:  Yes  NoDeclaration of Restrictive Covenants:  Yes  NoPre-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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AOWE/PE Signature: Alex Adams Date: \_\_\_\_\_**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\***

**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:

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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

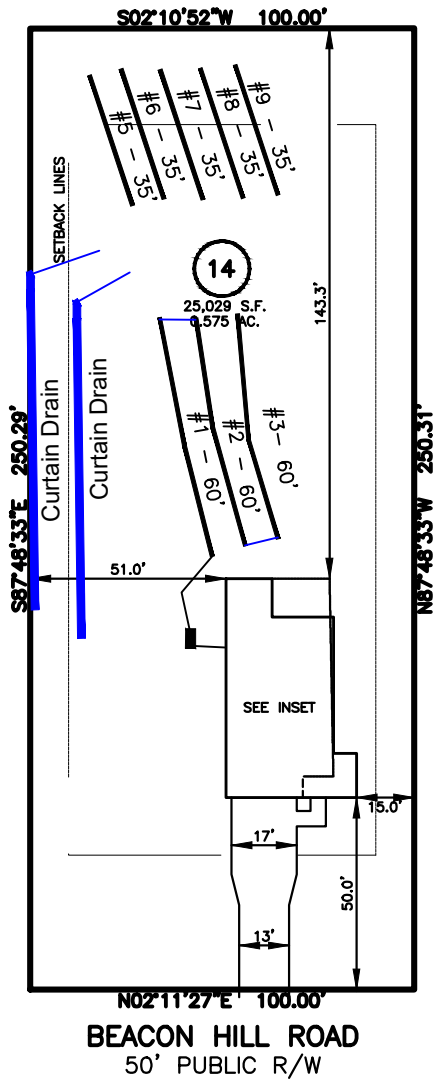
State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

State Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Duncans Creek- Lot #14  
 360 Gallon/Day - Septic Design  
 161 Beacon Hill Road - Lillington, NC  
 New Home, Inc  
 Harnett County PIN: 0630-24-5501

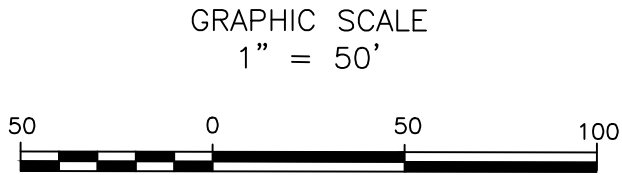
\*Not a Survey  
 Sketched from a plot plan supplied by owner



System: Gravity to Serial  
 Lines: 1-3 (180')  
 0.7 LTAR  
 15" Max Trench Bottom  
 Accepted Status System  
 Repair: Pressure Manifold  
 Lines: 5-9 (175')  
 0.4 LTAR  
 16" Max Trench Bottom  
 Accepted Status System

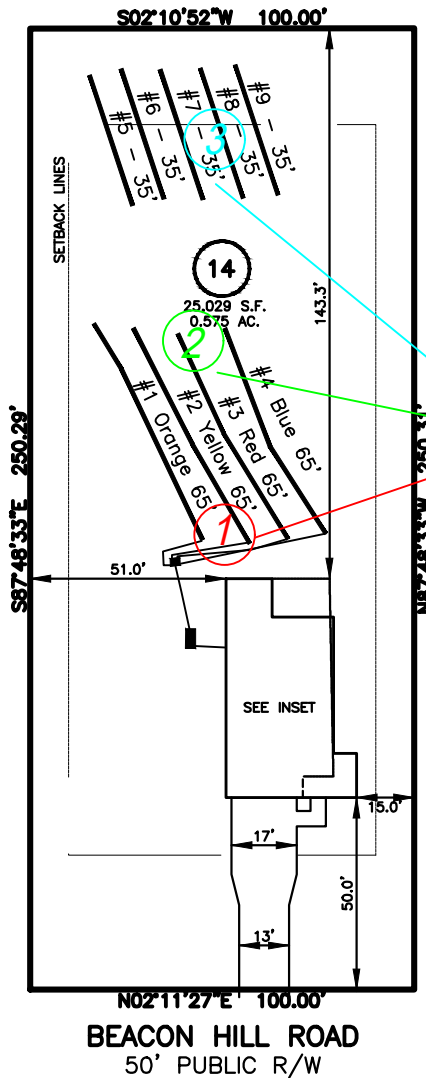
\*\*1000 Gallon Septic and Pump Tank  
 Tank and trenches to be located minimum of 10'  
 from any property line and minimum of 5'  
 from any building foundation.  
 \*Do Not Cut, Fill, or Alter Drainfield or Repair Area  
 \*Comply with all setbacks  
 \*Contact local health dept. and/or Alex Adams prior to  
 or during installation with any questions or concerns.

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1769  
 11-4-24



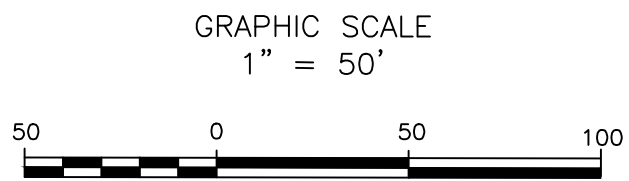
Duncans Creek- Lot #14  
 Soil Boring Locations  
 161 Beacon Hill Road - Lillington, NC  
 New Home, Inc  
 Harnett County PIN: 0630-24-5501

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



- 1 Profile Description #1  
See Soil/Site Evaluation Data Form
- 2 Profile Description #2  
See Soil/Site Evaluation Data Form
- 3 Profile Description #3  
See Soil/Site Evaluation Data Form

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1769  
 6-5-24





**SOIL/SITE EVALUATION**  
**for ON-SITE WASTEWATER SYSTEM**  
 (Complete all fields in full)

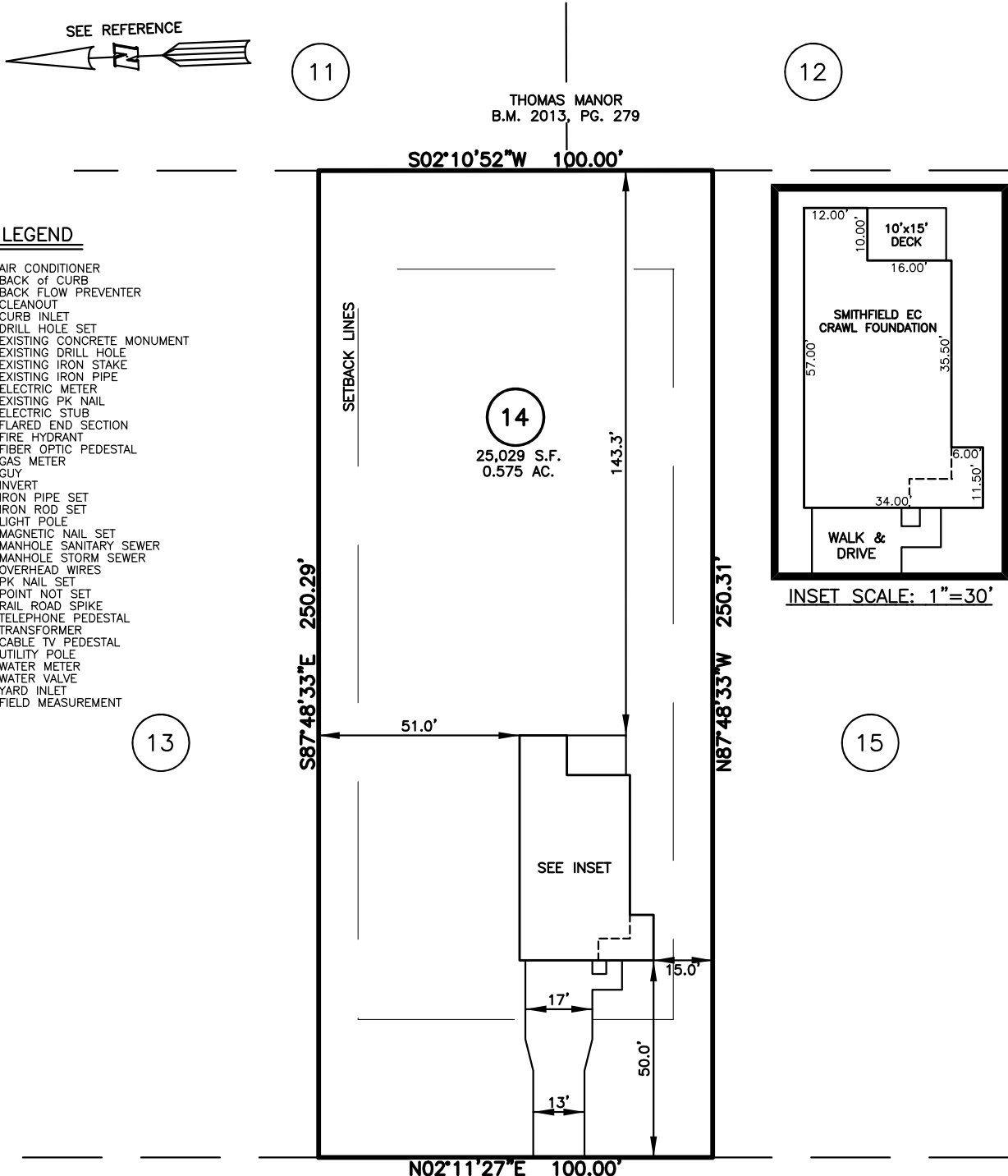
OWNER: New Home Inc, APPLICATION DATE:  
 ADDRESS: Duncan's Creek – Lot 14 – 161 Beacon Hill Road. – Lillington, NC DATE EVALUATED: 5-15-24  
 PROPOSED FACILITY: Single Family, 3-bedroom PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ~0.57 acres  
 LOCATION OF SITE: Duncan's Creek – Lot 14 – 161 Beacon Hill Road. – Lillington, NC  
 WATER SUPPLY: Public Water  
 EVALUATION 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				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Ridge/7%	0-15	GR/S	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.6
		15-40+	SBK/LS	FI/SEXP/SS					
2	Ridge/7%	0-20	GR/S	FR/SEXP/NS	34	N/A	N/A	N/A	PS/0.4
		20-34	SBK/SCL	FI/SEXP/SS					
3	Ridge/7%	0-12	GR/S	FR/SEXP/NS	30	N/A	N/A	N/A	PS/0.4
		12-36	SBK/SCL	FI/SEXP/SS					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): SITE CLASSIFICATION (.1948): PS  EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	>5,000 ft <sup>2</sup>	>5,000 ft <sup>2</sup>	
System Type(s)	Type III (b)	Type III (b)	
Site LTAR	0.4	0.4	

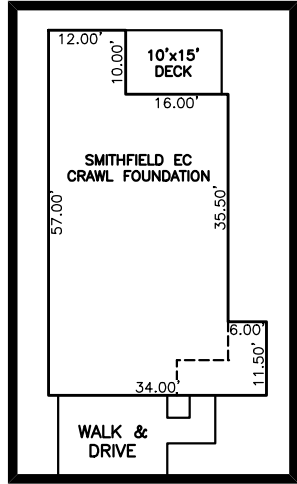
COMMENTS: Large percentage of small stone and gravel in profile but deemed to be less than 50% in the trench installation area and below.  
 Updated February 2014

PLOT PLAN FOR  
**NEW HOME, INC.**  
 161 BEACON HILL ROAD  
 LOT 14, DUNCAN'S CREEK, PHASE 1  
 UPPER LITTLE CREEK TOWNSHIP, HARNETT COUNTY, NORTH CAROLINA



**LEGEND**

- ▲ AIR CONDITIONER
- BC BACK OF CURB
- BFP BACK FLOW PREVENTER
- CLEANOUT
- CURB INLET
- DHS DRILL HOLE SET
- ECM EXISTING CONCRETE MONUMENT
- EDH EXISTING DRILL HOLE
- EIS EXISTING IRON STAKE
- EIP EXISTING IRON PIPE
- EM ELECTRIC METER
- EPK EXISTING PK NAIL
- ES ELECTRIC STUB
- FLARED END SECTION
- FIRE HYDRANT
- FIBER OPTIC PEDESTAL
- GAS METER
- GUY
- INV. INVERT
- IPS IRON PIPE SET
- IRS IRON ROD SET
- LIGHT POLE
- MNS MAGNETIC NAIL SET
- MANHOLE SANITARY SEWER
- MANHOLE STORM SEWER
- OHW OVERHEAD WIRES
- PKS PK NAIL SET
- PNS POINT NOT SET
- RRS RAIL ROAD SPIKE
- TELEPHONE PEDESTAL
- TRANSFORMER
- CABLE TV PEDESTAL
- UTILITY POLE
- WATER METER
- WATER VALVE
- YARD INLET
- ( ) FIELD MEASUREMENT

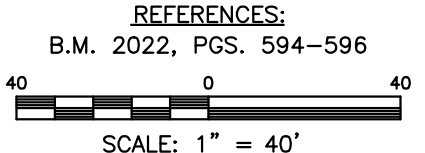


INSET SCALE: 1" = 30'

IMPERVIOUS SURFACES	S.F.
HOUSE	1,510
WALK & DRIVE	790
DECK	150
TOTAL	2,450

**SETBACK INFO**

FRONT:	35'
REAR:	25'
SIDES:	10'
CORNER SIDE:	20'



- NOTES**
1. THIS SURVEY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.
  2. THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

PLOT PLAN  
 PRELIMINARY PLAT- NOT FOR RECORDATION,  
 CONVEYANCE OR SALES

DATE: APRIL 23, 2024

**RWK, PA**  
**ENGINEERING ~ SURVEYING**  
 CORPORATE LICENSE: C-1771  
 101 W. MAIN ST., SUITE 202  
 GARNER, NC 27529  
 PHONE (919) 779-4854  
 FAX (919) 779-4056

REV CODE: 1.FLIP, 2.PLAN, 3.ROTATE, 4.MOVE, 5.SS  
 6.SEVERAL OF ABOVE, 7.LAND FEATURE, 8. OTHER

F.B. \_\_\_\_\_