Permit #: SFD Z406-0057



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 Autho	orization	e \$
	IMPROVE	MENT PERMIT FOR G.S. 1	30A-335(a2)	
County: Harnett				
PIN/Lot Identifier: 063	30-24-5501			
Issued To: New Hom	ne, Inc			
Property Location: 16	1 Beacon Hill Rd Lillington	NC 27546		
Subdivision (if applicab	le) Duncan Creek	Lot #:	14 Bloc	k: Section:
LSS Report Provided: Y				
If yes, name and license	e number of LSS: Alex Adams	s - LSS#1247		
New 🔽	Expansion	System Relocation		Change of Use
Proposed Structure: S				
Number of bedrooms:	4 Number of Occupants:	8 Other:		
Design Wastewater Str	ength: 🗹 domestic	high strength	industrial proce	ss
Proposed Design Daily	Flow: 360 GPD	Proposed LTAR (Initial): .8	Proposed	LTAR (Repair): <u>.4</u>
Proposed Wastewater	System Type*: Accepted Statu	S (Initial)	Pump Required: [	Yes No May be required
Proposed Wastewater	System Type*: PPBPS	(Repair)	Pump Required:	Yes No May be required Yes No May be required
		tewater system types in accordance		
Saprolite System (initia	I): Yes V No Sapro	olite System (repair): 🗌 Yes 🕡 No	0	
Fill System (Initial):	Yes No If yes, specify:	New Existing (when adding m	ore than 6 inches	of fill to system area provide a fill plan)
			nore than 6 inches	of fill to system area provide a fill plan)
Usable Soil Depth (Initi	al): 32 Usab	le Soil Depth (Repair): 30		
				ed on the downhill side of the trench
		ease specify details: see site ske		
		II ☐ Shared well ☑ Municipa		
				nents of Rule .1950: Yes 🔽 No 🗌
Permit valid for: 🗸 Fiv	e years [site plan submitted pur	rsuant to GS 130A-334(13a)] N	o expiration [plat s	ubmitted pursuant to GS 130A-334(7a)]
Permit conditions:				
	Print Name: Alex Adams			
Licensed Soil Scientist S	Signature: Xlex Xa	amo		Date: 11-7-24

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



Permit #: 5FD 2406-0057

## This Section for Local Health Department Use Only

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 ask all 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.)

State Authorized Agent: Mal & RCH Date: 11-8-24

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).

Copies of this were sent to the LSS and the Applicant on

State Authorized Agent:

\*See attached site sketch\*



Permit #: SFD 2406 0057

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

County: Harnett
PIN/Lot Identifier: 0630-24-5501
Issued To: New Home Inc.
Property Location: 161 Beacon Hill - Lillington, NC
AOWE/PE Plans/Evaluations Provided: Yes V 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 (b) (Repair
*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
Design Daily Flow: 360 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: 180 feet Trench/Bed Spacing: 9 feet on center
Trench/Bed Width: 36 inches LTAR: 0.7 gpd/ft²
Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth <sup>‡</sup> : 18 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: N/A 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: See sketch for curtain drains
<u>Legal Agreements</u> (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 V No
Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: Yes 🔽 No
Declaration of Restrictive Covenants: Yes V No
Pre-Construction Conference Required: Yes No 🗸
Conditions: No Foundation or Gutter drains directed towards septic drain field.
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: 11-7-29
AOWE/PE Signature: Date: 11-7-24

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

\*See attached site sketch\*



Permit #: SF0 2406-0057

## This Section for Local Health Department Use Only

Initial submittal received: 11-7-24 by M40
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.

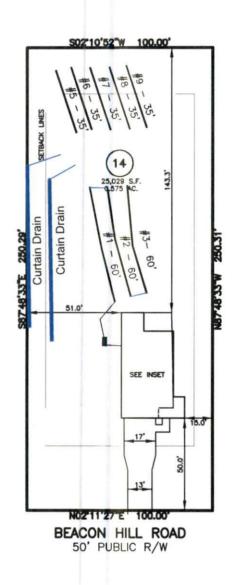
The review for completeness of this Construction Authorization was conducted in acc	ordance with G.S. 130A-335(a5). This				
Construction Authorization is determined to be:					
☐ Incomplete (If box is checked, information in this section is required.)					
The following items are missing:	3/21/2				
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
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) usi attached here. This Construction Authorization is subject to revocation if the site place Construction Authorization shall not be affected by a change in ownership of the sit to compliance with the provisions of the Laws and Rules for Sewage Treatment and	an, plat, or the intended use changes. The e. This Construction Authorization is subject				
The Department, the Department's authorized agents, and the local health department any liabilities, duties, and responsibilities imposed by statute or in common law from plans, evaluations, preconstruction conference findings, submittals, or actions from the General Statutes as a licensed engineer or a person certified pursuant to Article Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Deagents, and the local health departments shall be responsible and bear liability for to obligations under State law or rule, including the issuance of the operations permit	m any 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				
Construction Authorization Expiration Date:					

\*See attached site sketch\*

# 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

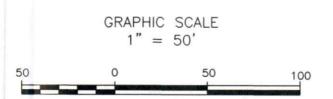
\*\*1000 Gallon Septic and Pump Tank
Tank and trenches to be located minimum of 10'
from any property line and minimum of 5'
from any building foundation.

\*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.

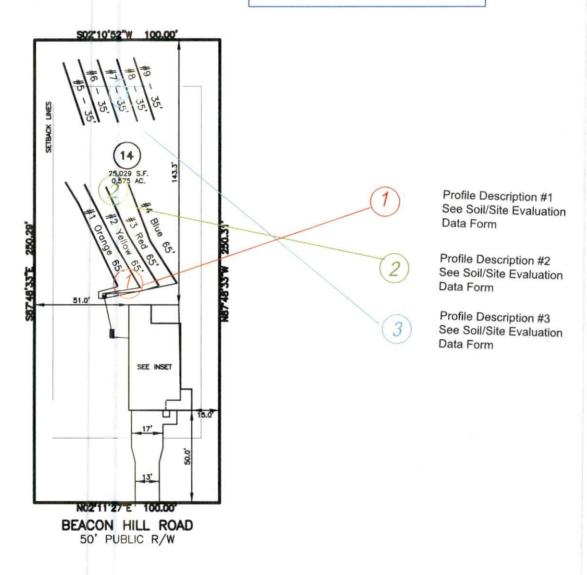
Adams
Soil Consulting
919-414-6761
Job #1769
11-4-24



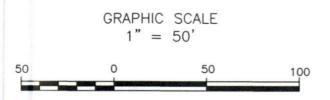
# Duncans Creek- Lot #14 Soil Boring Locations 161 Beacon Hill Road - Lillington, NC New Home, Inc

Harnett County PIN: 0630-24-5501

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



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	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
E #			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Ridge/7%	0-15	GR/S	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.6
1		15-40+	SBK/LS	FI/SEXP/SS					
	Ridge/7%	0-20	GR/S	FR/SEXP/NS	34	N/A	N/A	N/A	PS/0.4
2		20-34	SBK/SCL	FI/SEXP/SS					
H	Ridge/7%	0-12	GR/S	FR/SEXP/NS	30	N/A	N/A	N/A	PS/0.4
3		12-36	SBK/SCL	FI/SEXP/SS					
4									

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

