



Subsurface Wastewater Disposal System Design Packet

PIN:

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PAC-ONE, PLLC

Subsurface Wastewater Disposal System Design Packet

Date:

Proposed for a:

-bedroom residential dwelling

Located at:

DESIGNED BY:

Steve Bristow

920 Garner Rd, Selma NC 27576

Email: stevebristow57@gmail.com

Phone: (919)906-4737

Session Law 2022-11 (S372) Introduction Letter

This information contained within this packet concerns a soils and subsurface wastewater evaluation conducted by:

Stephen W. Bristow (LSS#1167) of Permit Acquisition Company – One, PLLC

for the property hereafter described as:

at the behest of:

Owner Print: _____

Owner Signature:  _____

Owner's Representative (if any): Natascha Clark _____

Date: _____

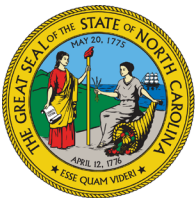
The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S 130A-335(a2) and (a3).

The plans or evaluations attached to this application are to be used to issue a Construction Authorization Permit in accordance with G.S. 130A-335 (a2), (a5), and (a6).

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



Stephen W. Bristow



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5). [hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

- (a2) Improvement Permit (a2) Construction Authorization (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

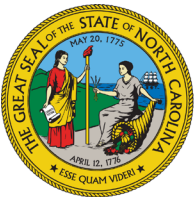
- Accepted Conventional Innovative Other Any
New Construction Expansion System Relocation Change of Use Repair
5-Year Expiration Requested (site plan provided) Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) Yes No

Applicant:
Mailing Address:
City:
State: Zip:
Phone #:
Email:

Owner:
Mailing Address:
City:
State: Zip:
Phone #:
Email:

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.
Yes No Does the site contain any jurisdictional wetlands?
Yes No Is any wastewater going to be generated on the site other than domestic sewage?
Yes No Is the site subject to approval by any other public agency?
Yes No Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.
Applicant Signature: Date:
Owner's Signature: Date:



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief 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 []

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

Design Wastewater Strength: [] Domestic [] High Strength [] Industrial Process Wastewater

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 Rule .1301 Table XXXII

Effluent Standard: [] DSE [] HSE [] NSF/ANSI 40 [] TS-I [] TS-II [] RCW

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 Depth to LC (Initial)*: _____ Usable Depth to LC (Repair)*: _____ * Limiting Condition

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 .0508: Yes [] No [] Drainfield location meets requirements of Rule .0601: 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: [Signature] Date: _____

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

See attached site sketch



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 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 15A NCAC 18E 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: _____

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

County: _____

Pre-Construction Conference Required: Yes No

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: _____

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

New Expansion Repair System Relocation Change of Use

Basement? Yes No Basement Fixtures? Yes No

Crawl Space? Yes No Slab Foundation? Yes No

Type of Wastewater System* _____ (Initial) _____ (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: _____ GPD Wastewater Strength: Domestic High Strength Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? Yes No
(if yes, please provide engineering documentation)

Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW

Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____

Installation Requirements/Conditions

Septic Tank Size: _____ gallons Total Trench/Bed Length: _____ feet Trench/Bed Spacing: _____ feet on center

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft² Usable Depth to LC (Initial)*: _____ ^xLimiting condition

Soil Cover: _____ inches Slope Corrected Maximum Trench/Bed Depth†: _____ inches ^{*} Measured on the downhill side of the trench

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 [.0204(g)]: Yes No Declaration of Restrictive Covenants: Yes No

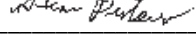
Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: Yes No

Management Entity Required: Yes No Minimum O&M Requirements: _____

Permit conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. ***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 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: _____

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



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:

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: _____

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: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: CEDAR POINTE LLC DATE EVALUATED: 1/6/2024
 ADDRESS: 274 REYNWOOD VISTA LN SANFORD, NC 27330
 PROPOSED FACILITY: DWELLING PROPOSED DESIGN FLOW(.0400): 360gpd PROPERTY SIZE: 0.459 Acres
 LOCATION OF SITE: LOT 2 CEDAR POINTE, MARKS RD CAMERON, NC PROPERTY RECORDED: _____
 WATER SUPPLY: Public WATER SUPPLY SETBACK: _____
 EVALUATION METHOD: Auger Boring TYPE OF WASTEWATER: Sewage

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
	Linear Slope	5	GR/SL	FR/NS/NP/SEXP	10YR 4/4	48in			Suitable	1
		48	GR/SL	FR/NS/NP/SEXP	10YR 6/6					
	2%									
2	Linear Slope	10	GR/SL	FR/NS/NP/SEXP	10YR 4/4	48in			Suitable	1
		48	GR/SL	FR/NS/NP/SEXP	10YR 6/6					
	2%									
3	Linear Slope	10	GR/SL	FR/NS/NP/SEXP	10YR 4/4	48in			Suitable	1
		48	GR/SL	FR/NS/NP/SEXP	10YR 6/6					
	2%									
4			/	///						



DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	yes	yes	STANDARD ASSESSMENT (.0509): <u>Suitable</u>
System Type(s)	IIIg	IIIg	EVALUATOR: <u>Stephen W Bristow</u>
Site LTAR (gpd/sqft)	0.600	0.600	OTHER(S) PRESENT: _____
Maximum Trench Depth (in)	24	24	<i>Stephen W Bristow</i>

COMMENTS: _____

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft ²)	SAPROLITE LTAR (gpd/ft ²)	LPP LTAR (gpd/ft ²)	MINERALOGY/ CONSISTENCE		STRUCTURE
						MOIST	WET	
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	Moist	Wet	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)	IV	CL (Clay loam)	0.1 - 0.4	None	0.05 - 0.2	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiC (Silty clay loam)				0.15 - 0.3	P (Plastic)	SEXP (Slightly expansive)
R (Ridge/summit)	Si (Silt)	0.05 - 0.2	VP (Very plastic)	EXP (Expansive)				
S (Shoulder slope)	SC (Sandy clay)		None		0.05 - 0.2	None		
T (Terrace)	SiC (Silty clay)	None		None			None	
TS (Toe Slope)	C (Clay)		None		None	None		
	O (Organic)	None		None			None	

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**Sandy clay loam sapolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable); Evaluation of sapolite shall be by pits.

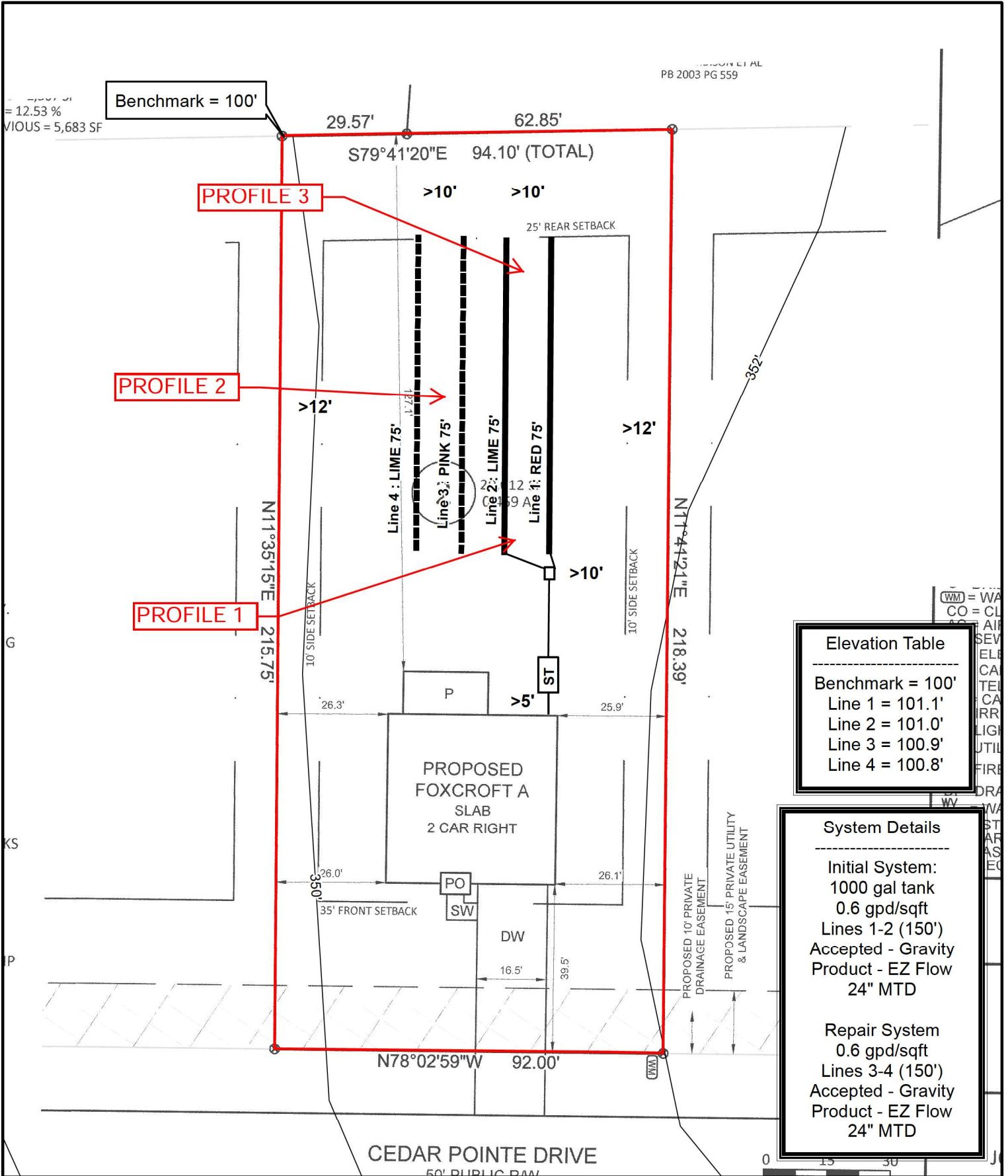
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Cedar Pointe Lot 2 :: Septic Layout Detail



Elevation Table	
Benchmark = 100'	
Line 1	= 101.1'
Line 2	= 101.0'
Line 3	= 100.9'
Line 4	= 100.8'

System Details	
Initial System:	
1000 gal tank	
0.6 gpd/sqft	
Lines 1-2 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	
Repair System	
0.6 gpd/sqft	
Lines 3-4 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	

Legend	
	mask
	System
	Repair

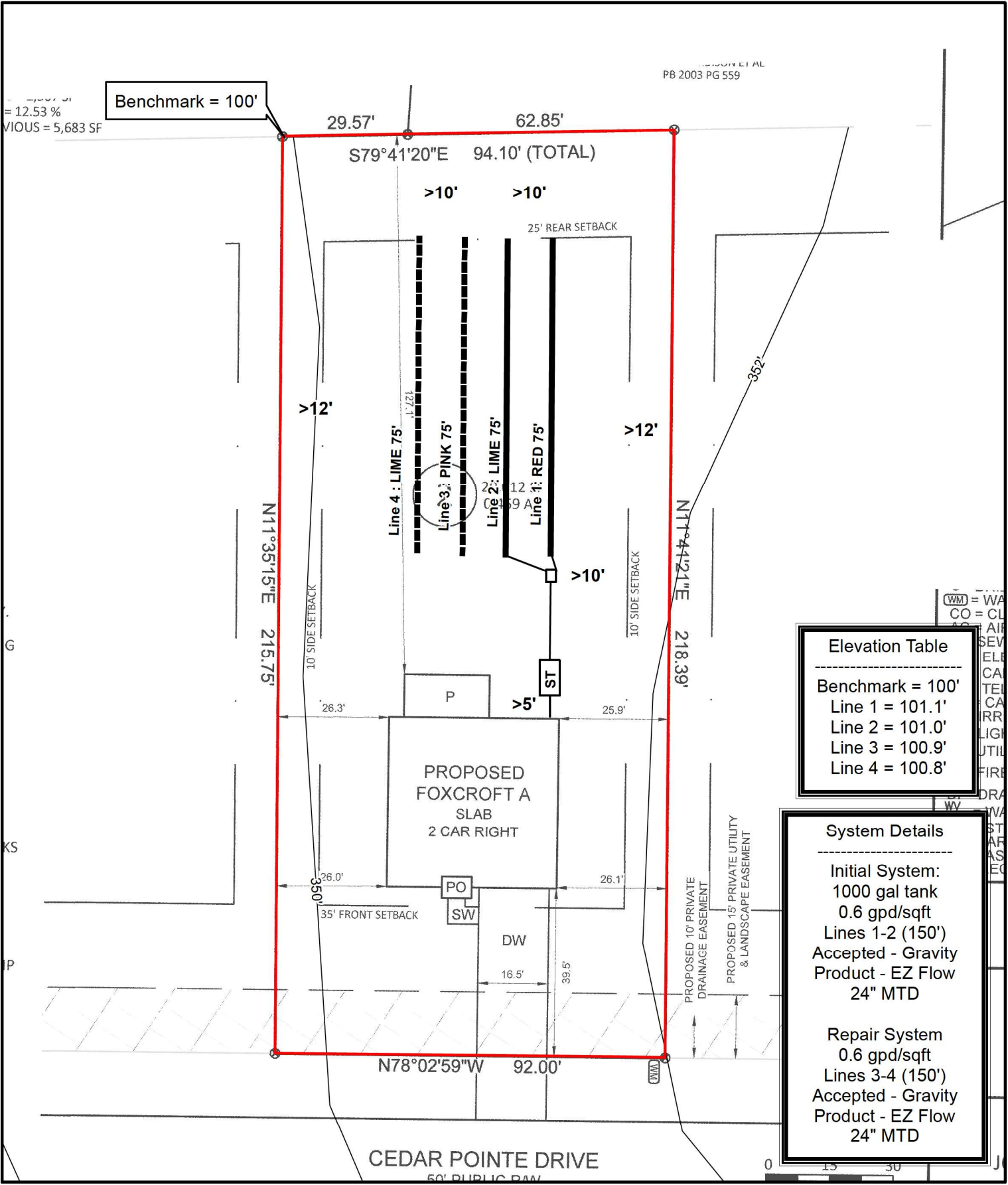
Map provided by PAC-One LLC
 [;] Locations are approximations and [;]
 [;] are provided for reference only [;]
 Parcel data provided by: Harnett County
 Elevation data provided by: NCDOT

Coordinate System: NAD 1983 StatePlane North Carolina FIPS 3200
 Projection: Lambert Conformal Conic
 Datum: North American 1983
 Units: Foot US

1 inch = 30 feet

0 5 10 20 30 40 Feet

Cedar Pointe Lot 2 :: Septic Layout Detail



Elevation Table	
Benchmark = 100'	
Line 1	= 101.1'
Line 2	= 101.0'
Line 3	= 100.9'
Line 4	= 100.8'

System Details	
Initial System:	
1000 gal tank	
0.6 gpd/sqft	
Lines 1-2 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	
Repair System	
0.6 gpd/sqft	
Lines 3-4 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	

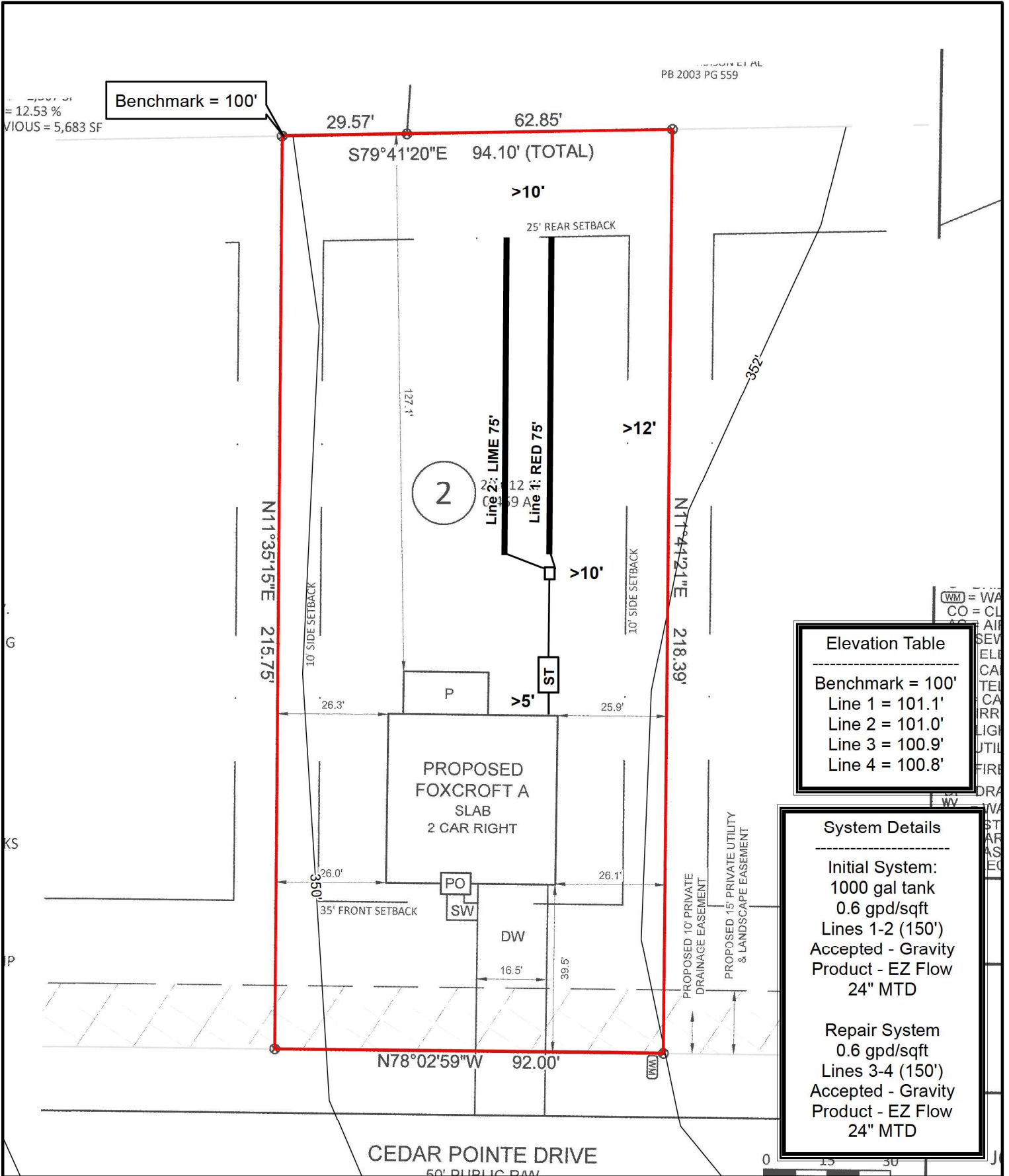
Legend	
	mask
	System
	Repair

Map provided by PAC-One LLC
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Cedar Pointe Lot 2 :: Septic Layout Detail



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Line 2	= 101.0'
Line 3	= 100.9'
Line 4	= 100.8'

System Details	
Initial System:	
1000 gal tank	
0.6 gpd/sqft	
Lines 1-2 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	
Repair System	
0.6 gpd/sqft	
Lines 3-4 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	

Legend

mask System

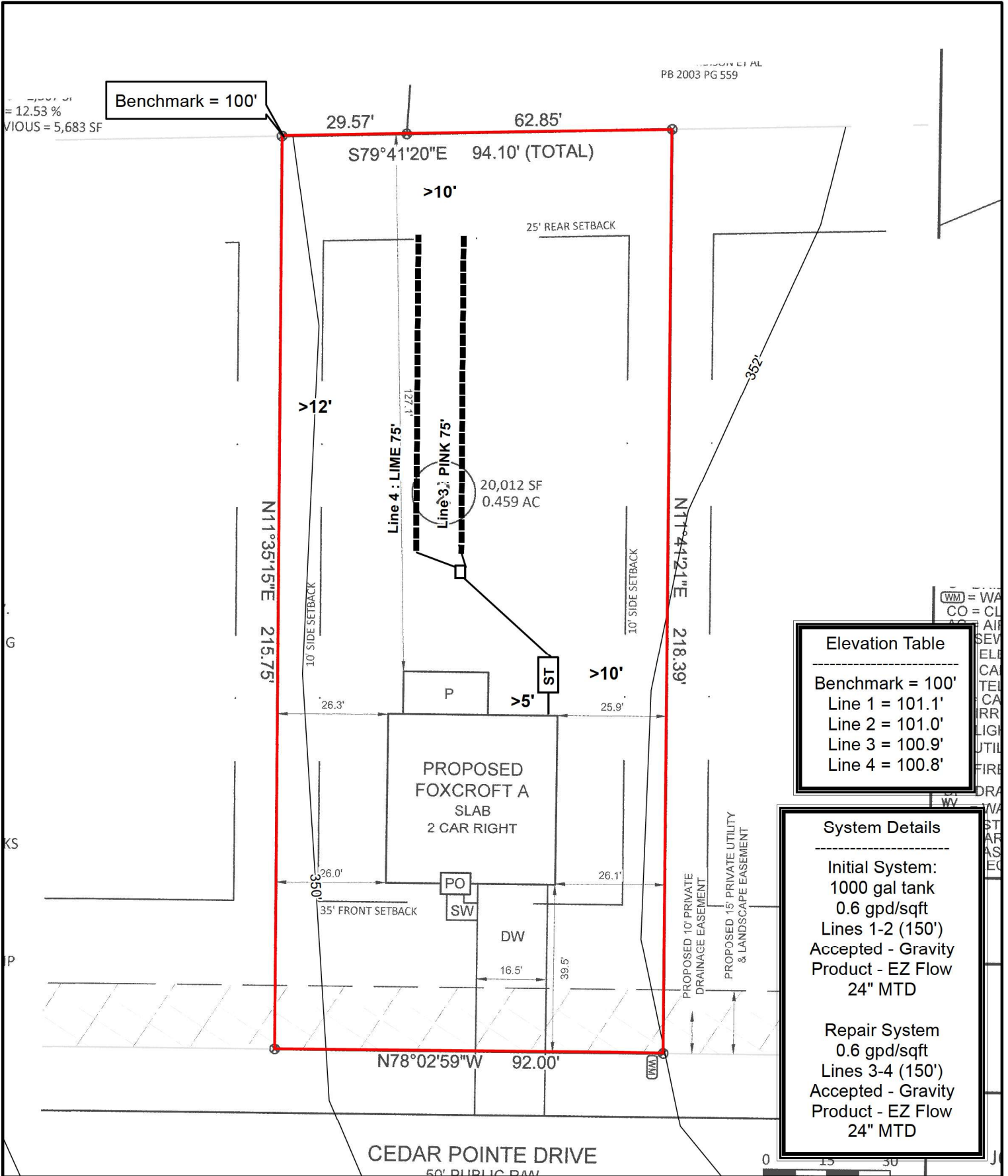
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 Parcel data provided by: Harnett County
 Elevation data provided by: NCDOT

Coordinate System: NAD 1983 StatePlane North Carolina FIPS 3200
 Projection: Lambert Conformal Conic
 Datum: North American 1983
 Units: Foot US

1 inch = 30 feet

0 5 10 20 30 40 Feet

Cedar Pointe Lot 2 :: Septic Layout Detail



Elevation Table	
Benchmark = 100'	
Line 1	= 101.1'
Line 2	= 101.0'
Line 3	= 100.9'
Line 4	= 100.8'

System Details	
Initial System:	
1000 gal tank	
0.6 gpd/sqft	
Lines 1-2 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	
Repair System	
0.6 gpd/sqft	
Lines 3-4 (150')	
Accepted - Gravity	
Product - EZ Flow	
24" MTD	

Legend

mask
 Repair

Map provided by PAC-One LLC
 [;] Locations are approximations and [;]
 [;] are provided for reference only [;]
 Parcel data provided by: Harnett County
 Elevation data provided by: NCDOT

Coordinate System: NAD 1983 StatePlane North Carolina FIPS 3200
 Projection: Lambert Conformal Conic
 Datum: North American 1983
 Units: Foot US

1 inch = 30 feet

0 5 10 20 30 40 Feet

Initial System Overview for

LOT 2 CEDAR POINTE, MARKS RD CAMERON, NC

Design Criteria

Number of bedrooms	3	
Design Flow	360	gal/day
Soil L.T.A.R.	0.600	gal/day/sq ft

System Details

Trench Depth	24	inches
Total Trench Length	150	feet

System Components

Trench Product	EZ Flow
Septic Tank	1000 gallons
Effluent Filter	Polylok PL-68 (or approved equivalent)

Repair System Overview for

LOT 2 CEDAR POINTE, MARKS RD CAMERON, NC

Design Criteria

Number of bedrooms	3
Design Flow	360 gal/day
Soil L.T.A.R.	0.600 gal/day/sq ft

System Details

Trench Depth	24 inches
Total Trench Length	150 feet

System Components

Trench Product	EZ Flow
Septic Tank	1000 gallons
Effluent Filter	Polylok PL-68 (or approved equivalent)

DAVID BRANTLEY & SONS
 37 Pine Ridge Rd.
 Zebulon, NC 27597
 Office 252-478-3721
 Fax 919-573-0443
 installer@gmail.com

PREPARED FOR: David Brantley & Sons
 37 Pine Ridge Rd.
 Zebulon, NC 27597

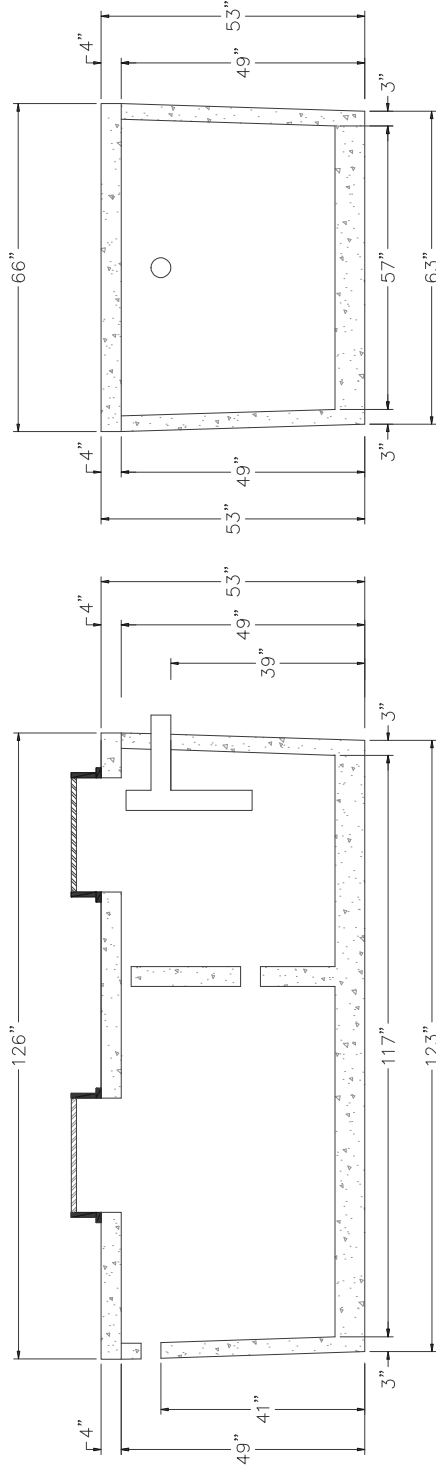
DATE: April 11, 2014

CONTACT: COREY BRANTLEY

REVISION NO.	DATE
Original Submittal	April 11, 2014
Revision 1	
Revision 2	
Revision 3	
Master Set	

BRANTLEY TANK MODEL
 1,000 ST 499

SHEET NUMBER
 1 of 1



1,000 ST 499
 NTS

NON TRAFFIC BEARING

PL-68 Filter and Tee

PL-68 is much more than just an effluent filter. The housing can also be used as an inlet baffle (tee) or an outlet baffle. The housing is designed to accept Polylok's snap in gas deflector to deflect gas bubbles away from the tee and to keep the solids in the tank.

Features:

- Offers 68 linear feet of 1/16" filter slots, which significantly extends time between cleaning.
- Accepts 3/4" PVC handle.
- Locks in any 360° position when used with PL-68 Tee.
- PL-68 Housing can be used as an inlet or outlet tee.
- Gasket prevents bypass.

PL-68 Installation:

Ideal for residential waste flows up to 800 gallons per day (GPD). Easily installs in any new or existing 4" outlet tee.

1. Locate the outlet of the septic tank.
2. Remove the tank cover and pump tank if necessary.
3. Glue the filter housing to the outlet pipe, or use a Polylok Extend & Lok if not enough pipe exists.
4. Insert the PL-68 filter into tee.
5. Replace and secure the septic tank cover.

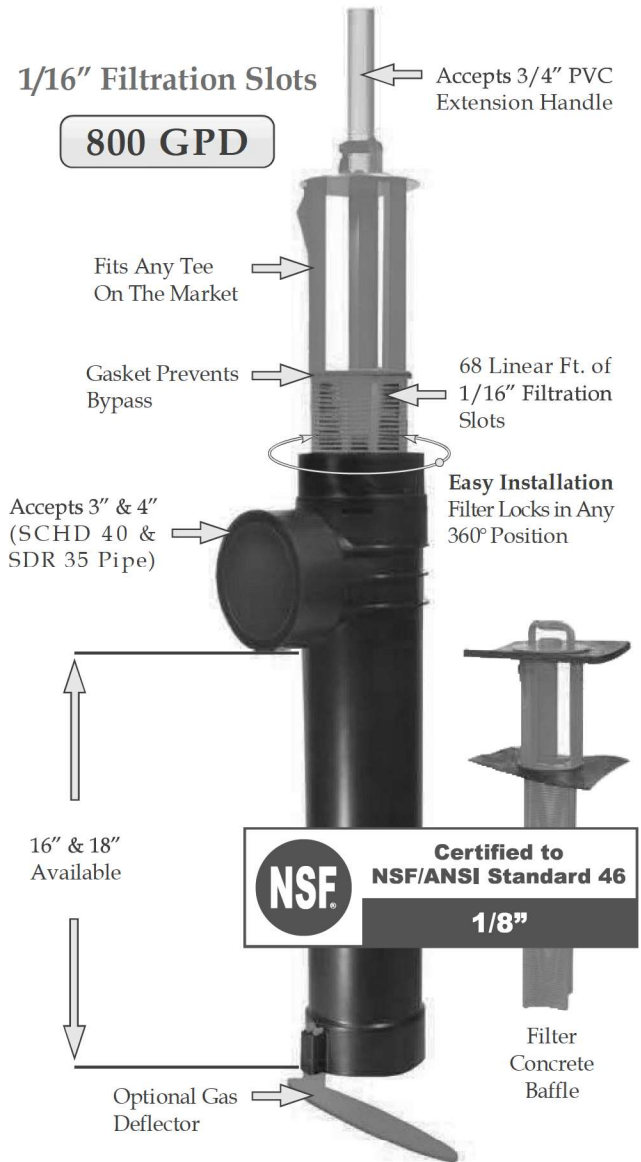
PL-68 Maintenance:

The PL-68 Effluent Filter will operate efficiently for several years under normal conditions before requiring cleaning. It is recommended that the filter be cleaned every time the tank is pumped, or at least every three years.

1. Do not use plumbing when filter is removed.
2. Pull PL-68 out of the tee.
3. Hose off filter over the septic tank. Make sure all solids fall back into septic tank.
4. Insert filter back into tee/housing.

Related Products:

PL-68 Filter Concrete Baffle
 Extend & Lok[™]



Extend & Lok[™]
 Easily installs
 into existing tanks.



Spacer Bushing
 4" SCHD 40
 to SDR 35

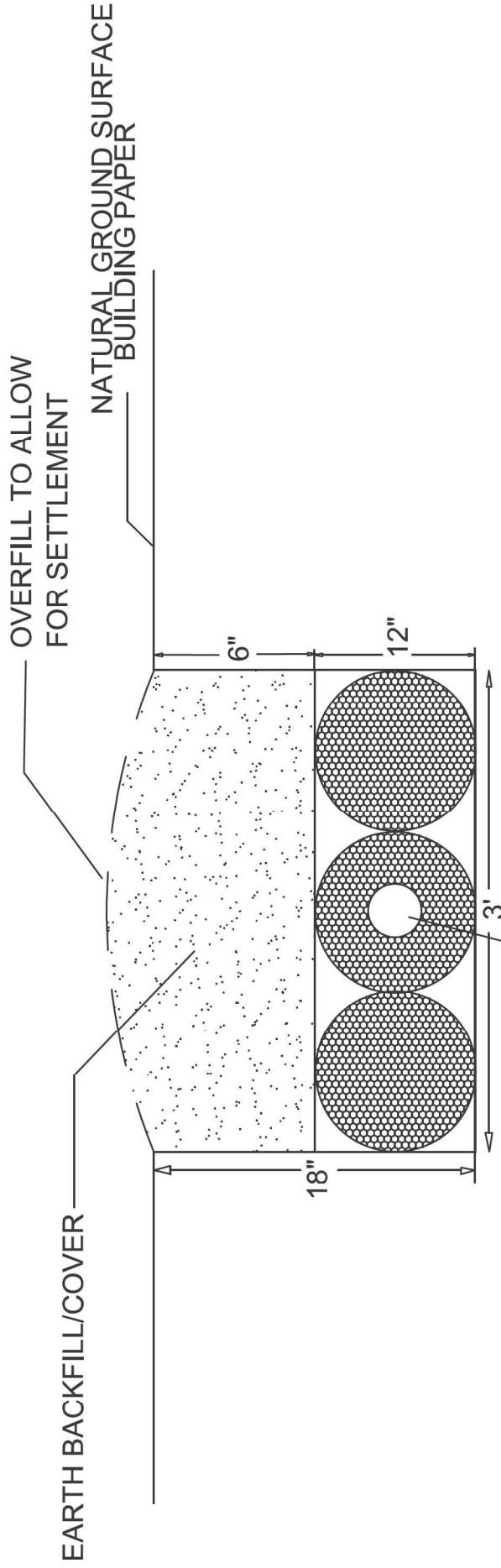


Spacer Bushing
 4" SCHD 40
 to 110mm Pipe



2" Extender

NITRIFICATION TRENCH DETAIL FOR EZ-FLOW



NOTE :

**EZ-FLOW
4" DIAMETER CORRUGATED
PLASTIC DRAIN PIPE
SURROUNDED BY
POLYSTYRENE BLOCKS
WRAPPED W/PLASTIC MESH**

1. PERFORATED CORRUGATED PLASTIC PIPE SHALL MEET REQUIREMENTS OF ASTM D 2729.
2. PIPE SHALL BE LEVEL.
3. END CAP SHALL BE PROVIDED AT END OF ALL CORRUGATED PLASTIC PIPE LINES.
4. TRENCH BOTTOM SHALL BE LEVEL.
4. SEE INFORMATION FOR INSTALLER.

JOB NO:

PROJECT MGR:

SCALE:
NTS

PROJECT NAME:

SHEET TITLE:

NOTES:

PAC-ONE PLLC

NITRIFICATION TRENCH

INFORMATION FOR THE CONTRACTOR

The permit should be read very carefully prior to bidding. The following are details that must be considered by the contractor prior to and during installation:

- Tanks shall be approved by NCDHHS and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to ensure that final grades are returned to the original grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement without damage or displacement of pipe or fittings.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy-bodied PVC pipe glue applied to weld all joints.
- Where required by the regulating County Health Department, post installation inspections by the Engineer or his representative must be scheduled **5 week days** in advance.
- Trenches shall be carefully excavated so the bottom is level **for the entire length and width of the trench**. If the trench bottom level needs adjusting after excavation it **must** be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over-excavated during initial trenching. All fine grading within the trench will be done by hand with a shovel. No loose material will be left in the trench.
- All pipe openings in the tanks shall be properly filled with press boot seal. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent settlement.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the contractor prior to beginning trench excavation.
- Pump tank riser shall be 6" above grade, control panel shall be 18" above grade.
- Septic tank shall have specified effluent filter or approved equivalent.

System Specifics:

- System uses EZ-Flow drain line.
- Repair uses EZ-Flow drain line.

Miscellaneous errors and omissions

Markel has over 35 years of experience providing miscellaneous errors and omissions insurance. Our leadership has a wealth of knowledge and expertise in protecting small business owners from litigation stemming from actual or perceived negligence. Our underwriting team has crafted policies that fit your specific needs, while our seasoned, in-house claims professionals will help you successfully navigate a loss or claim should you need their assistance.

Reporting new professional liability claims

New Claims can be reported in writing by website, email, fax, or regular mail. Please refer to your specific policy for all relevant reporting requirements.

To report a new claim, visit markelinsurance.com/file-a-claim and select "BOP/Miscellaneous errors and omissions/Workers compensation" from the drop down. You can also email newclaims@markelcorp.com and include the following:

- Policy number
- Insured and claimant names with contact details
- Date of loss
- Location and description of loss
- All pertinent documentation available (incident report, police report, witness information, photos, etc.)

General claims questions

For information about an already reported Professional Liability claim, email: markelclaims@markelcorp.com, or contact your assigned claim examiner directly.

Additional contact information:

(800) 362-7535 or (800) 3 MARKEL

(855) 662-7535 or (855) 6 MARKEL

Markel Claims Department, P.O. Box 2009,
Glen Allen, VA 23058-2009

While your policy is primarily designed to protect against a variety of professional errors and omissions claims, it may also provide protection for other specific exposures such as pollution claims, disciplinary proceedings, third party discrimination claims, subpoena and public relations expenses, among others. Contact your agent for more information, or if you have reported a Claim, your assigned examiner.

For more information about our programs, risk management articles, and FAQs, please visit markelinsurance.com. To pay your bill or view policy documents, please visit portal.markelinsurance.com.

Products and services are offered through Markel Specialty, a business division of Markel Service Incorporated. Policies are written by one or more Markel insurance companies. Terms and conditions for rate and coverage may vary. 201806

Risk management and loss prevention

Policyholders have access to loss control and risk management resources that can assist in a better understanding of potential hazards within their operation and ways to reduce claims.

Here's a sample of the many services available:

- Exposure assessments
- Loss analysis tools
- Safety videos
- Safety training materials
- Regulatory program guidance

Designed Protection® for professional service providers and associations – professional service providers hotline

Our panel of Risk Management experts is available to discuss general risk management related concerns and questions. Please visit markelcorp.com/riskmanagement and under "Designed Protection®" click "Click here," enter your policy number, then select "Professional Service Providers Hotline" to access our panel of experts.

Visit our website at:

markelinsurance.com/risk-management-home.

For more information about any of Markel's loss control services, contact us at (888) 500-3344 or email losscontrol@markelcorp.com.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C No. Ext): (252) 631-5269 E-MAIL ADDRESS: asensenig@wadeict.com	FAX (A/C No): (252) 649-2443
	INSURER(S) AFFORDING COVERAGE	
INSURED Permit Acquisition Company One, PLLC 920 Garner Rd. Selma NC 27576-7763	INSURER A: Auto-Owners INSURER B: Builders Mutual INSURER C: Markel Insurance Company INSURER D: INSURER E: INSURER F:	NAIC # 18988 10844 38970

COVERAGES

CERTIFICATE NUMBER: 23-24

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35613487	11/22/2023	11/22/2024	EACH OCCURRENCE	\$ 1,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ Excluded	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
							COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
							EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	69K0UB-5N24039-7-23	11/14/2023	11/14/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
								E.L. EACH ACCIDENT	\$ 500,000
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	Errors & Omissions			MEO1642	11/22/2023	11/22/2024	General Aggregate	\$1,000,000	
								Each Occurrence	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

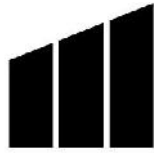
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

N Whitsett/RACHEL

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MARKEL

MARKEL INSURANCE COMPANY

10275 West Higgins Road, Suite 750
Rosemont, IL 60018
(800) 431-1270

INSURANCE POLICY

Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.

In **Witness Whereof**, the company (insurer) has caused this policy to be executed and attested and countersigned by a duly authorized representative of the company (insurer) identified in the Declarations.

Kathleen Anne Sturgeon

Ray W. Sales

Secretary

President



MARKEL INSURANCE COMPANY

NOTICE TO POLICYHOLDERS CLAIM REPORTING

Please immediately report a new claim under this policy to:

newclaims@markel.com

For general claims inquiries after a claim has been reported, please email:

markelclaims@markel.com

In order for us to expedite the handling of your claim and quickly refer it to the appropriate party, please have the following information available:

- Claim number (or report as new)
- Your name, contact information and position with the Named Insured
- Date of loss
- Policy number and insured name
- Details of loss

Our address and additional contact information are as follows:

Markel Claims
P.O. Box 2009
Glen Allen, VA 23058-2009
Phone: 800-362-7535 (800) 3MARKEL
Fax: 855-662-7535 (855) 6MARKEL

Markel understands the importance of having knowledgeable claims professionals prepared to answer your questions with personal attention and expertise. With claims professionals located across four time zones, you are sure to find the claims assistance you need -- when you need it.

**PLEASE REFER TO THE POLICY FOR ANY NOTICE AND REPORTING PROVISIONS
AND DUTIES IN THE EVENT OF LOSS OR DAMAGE TO COVERED PROPERTY.**



MARKEL INSURANCE COMPANY

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <https://www.treasury.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



PROFESSIONAL LIABILITY INSURANCE DECLARATIONS

Claims Made and Reported Coverage: The coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported to Markel Insurance Company during the Policy Period or the Extended Reporting Period, if exercised, or within 60 days after the expiration of the Policy Period or the Extended Reporting Period, if exercised.

Notice: This policy contains provisions that reduce the Limits of Liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

POLICY NUMBER: MEO1642-05

RENEWAL OF POLICY: MEO1642-04

NAMED INSURED: Permit Acquisition Company-One LLC

BUSINESS ADDRESS: 920 Garner Road
Selma, NC 27576

POLICY PERIOD: From 11/22/2023 to 11/22/2024

12:01 A.M. Standard Time at address of Insured stated above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. PROFESSIONAL SERVICES: soil science

2. LIMITS OF LIABILITY

Professional Liability Coverage

- A. Each Claim: \$2,000,000
B. Policy Aggregate: \$2,000,000

Additional Payments

- A. Contingent Bodily Injury And Property Damage \$100,000
B. Pollution \$10,000
C. Pre-Claim Assistance Expenses \$20,000
D. Sexual Abuse \$10,000
E. Third Party Discrimination \$25,000

Supplementary Payments

- A. Disciplinary Proceeding \$25,000 per Policy Period
B. Loss Of Earnings And Expense Reimbursement \$10,000
C. Public Relations Expenses \$5,000
D. Subpoena And Record Request Assistance \$5,000

Table with 1 column: Producer Number, Name and Mailing Address. Row 1: 98496, Wade Associates, LLC. - New Bern, PO Box 1209, Davidson, NC, 28036

3. DEDUCTIBLE

- A. Each Claim: \$1,000
- B. Aggregate: \$3,000

4. RETROACTIVE DATE: 11/22/2019

5. PREMIUM RATE: Flat

PREMIUM BASE: Flat

6. PREMIUM FOR POLICY PERIOD


- Minimum: \$560
- Deposit: \$560
- Adjusted Annual Premium: \$560

**7. PREMIUM PERCENTAGE FOR EXTENDED REPORTING PERIOD:
ADDITIONAL PERIOD:**

8. FORMS AND ENDORSEMENTS ATTACHED AT POLICY INCEPTION:

See MDIL 1001 attached.

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 08/30/2023	By:  _____ Authorized Representative Signature
(Date)	