

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: [Signature] 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:

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: _____

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: _____

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

September 9, 2024
Project #1215

“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)”

RE: Tobacco Road Subdivision - Lot #27 – 235 Looping Ct., Angier NC (Harnett County) for Davidson Homes (PIN#0693-14-1959)

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 18E. From this evaluation, ASC is providing the attached 480 gallon/day 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 system. 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 Harnett 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,

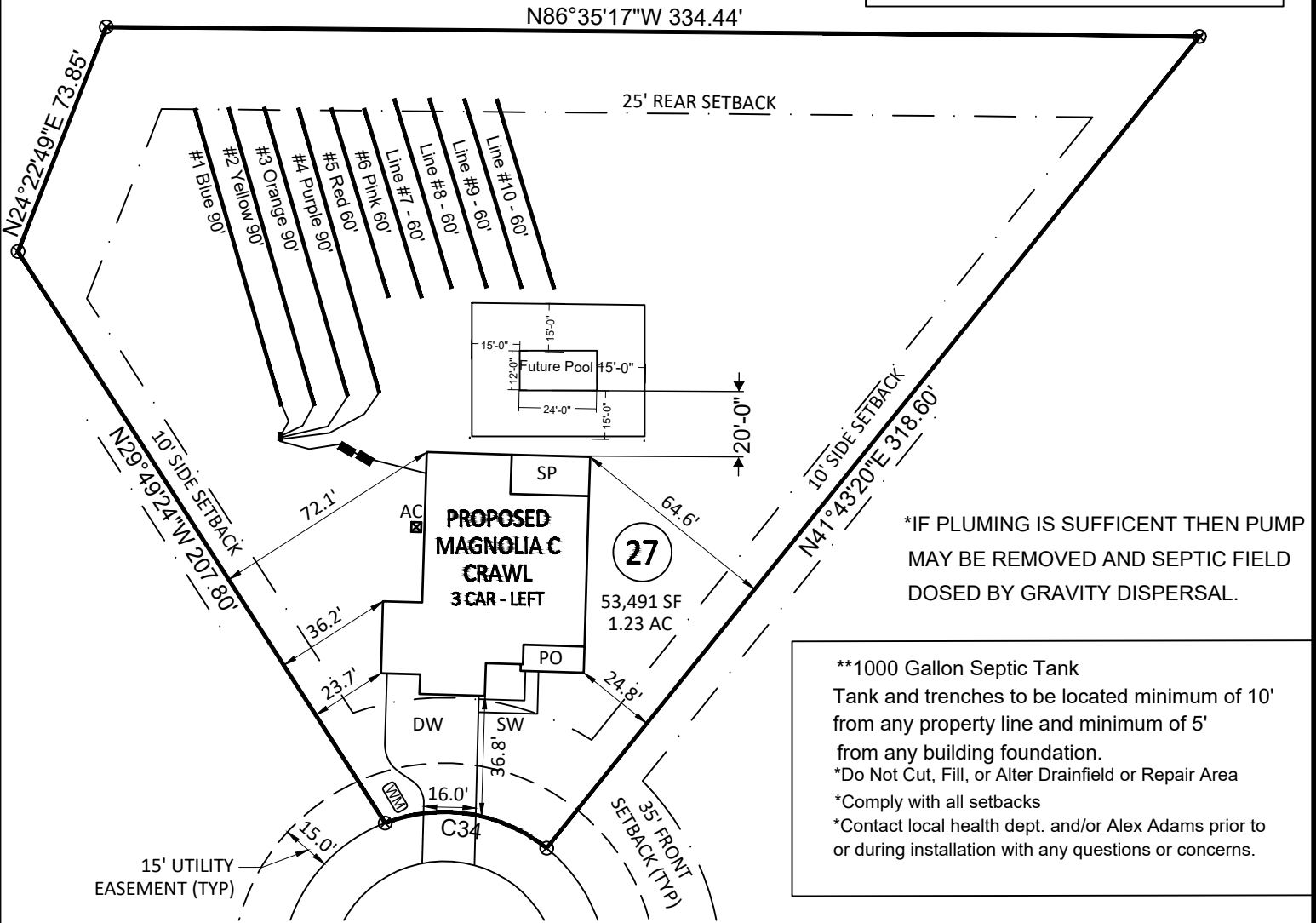


Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



Tobacco Road S/D - Lot #27
 480 Gallons/Day - Septic Design
 235 Looping Ct
 Davidson Homes
 Harnett County PIN: 0693-14-1959

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



*IF PLUMING IS SUFFICIENT THEN PUMP MAY BE REMOVED AND SEPTIC FIELD DOSED BY GRAVITY DISPERSAL.

****1000 Gallon Septic 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.

System: Pressure Manifold
 Lines: 1-4 (360')
 0.35 LTAR
 20" Max Trench Bottom
 Accepted Status System
 Repair: Pressure Manifold
 Lines: 5-10 (360')
 0.35 LTAR
 20" Max Trench Bottom
 Accepted Status System

LOOPING COURT
50' PUBLIC R/W & UTILITY EASEMENT

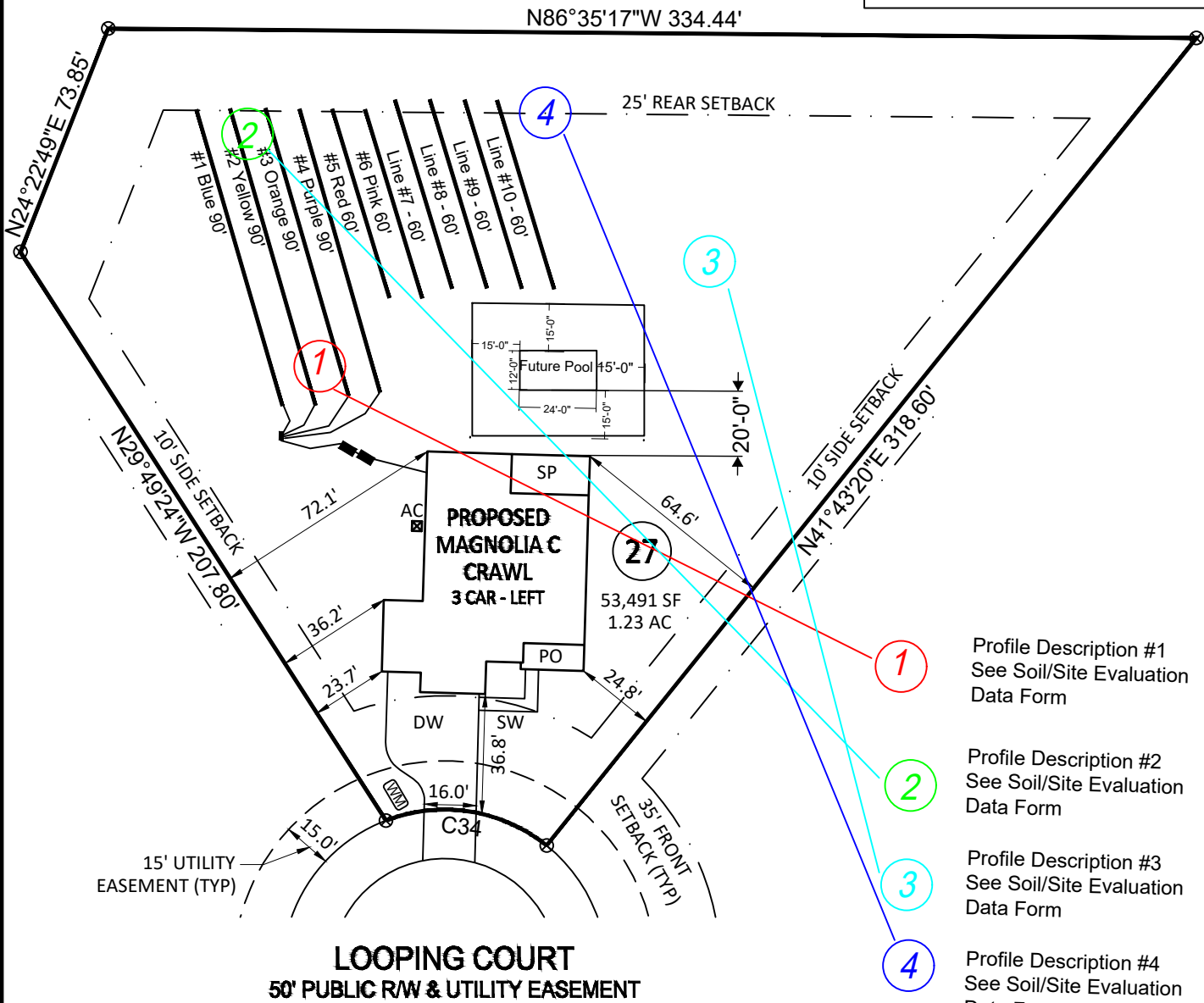
Adams
 Soil Consulting
 919-414-6761
 Job #1215
 8-9-24

GRAPHIC SCALE
 1" = 50'



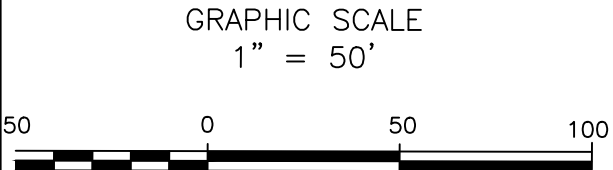
Tobacco Road S/D - Lot #27
 480 Gallons/Day - Septic Design
 235 Looping Ct
 Davidson Homes
 Harnett County PIN: 0693-14-1959

*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
- 4 Profile Description #4
See Soil/Site Evaluation Data Form

Adams
 Soil Consulting
 919-414-6761
 Job #1215
 8-9-24



Lot 27 - Tobacco Road PRESSURE MANIFOLD DESIGN -Initial SYSTEM

of BDR: 4 Daily Flow: 480 gal/day L.T.A.R.: 0.3500 gal/day/sq.ft
 Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 1080 System Type: **Accepted**
 Number of Taps: 4 Length of Trenches: 360 ft(See Tap Chart for Details)
 Depth of Trenches: 20 in Manifold Length: 42 in
 Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold
 Supply Line: length: 50 ft Diameter: 2 in sch 40pvc
 Friction Loss + Fitting Loss: 2.27 ft(supply line length + 70' for fittings in pump tank)
 Design Head: 2 ft Elevation Head: 6.00 ft
 Total Head: 10.27 ft Pump to Deliver: 28.44 gals/min at 10.27 ft head
 Dosing Volume: 164 gals,
 Drawdown: 164 gals divided by 21.4 gals/in = 7.7 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark	Q	is = 100.00	set at	Pump elev.	90.00	Design Head:	2	Change in			
Pump tank elev.	line	color	rod read	Elevation	length	hole size	flow/tap	Manifold elev.	96.00	# of Panels	Spacing of
								gal/day	trench area	LINE LTAR	(PPBPS)
	1	Blue	5.00	95.00	90	1/2in SCH 40	7.11	120.00	270	0.4444	
	2	Yellow	5.50	94.50	90	1/2in SCH 40	7.11	120.00	270	0.4444	
	3	Orange	6.00	94.00	90	1/2in SCH 40	7.11	120.00	270	0.4444	
	4	Purple	6.50	93.50	90	1/2in SCH 40	7.11	120.00	270	0.4444	
				Total Feet =	360	gal/min =	28.44			<u>LTAR =</u>	0.3500
				Feet Required =	343	Velocity =	2.72			(ltar + 5%)	0.3675
				<u>Des. Flow</u>		<u>480</u>			(ltar w/25% red)	0.4667	
				Pump Run=		16.88			(ltar + 5%)	0.4900	
				Tank Gal/IN		<u>21.4</u>					
				Elev. Head		6.00					
Total # of Panels (PPBPS)											
% of Dose Vol.						<u>70</u>					
Dose Volume						164					
Dose Pump Time						5.76					
Drawdown in Inches						7.7					
Comments:											

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

OWNER: Davidson Homes LLC

ADDRESS:

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

LOCATION OF SITE: 235 Looping Ct, Angier, NC, 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

APPLICATION DATE:

DATE EVALUATED: 8-9-2024

PROPERTY SIZE: ~1.23 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/ TEXTLSE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/5%	0-12	GR/LS	VFR,NS,NP,SEXP	N/A	N/A	N/A	N/A	P.S .4
		12-40	SBK/SCL	FR,SS,SP,SEXP					
2	Linear Slope/5%	0-5	GR/LS	VFR,NS,NP,SEXP	N/A	N/A	N/A	N/A	U/P.S .35
		5-36	SBK/SCL	FR,SS,SP,SEXP					
3	Linear Slope/5%	0-4	GR/SL	VFR,NS,NP,SEXP	N/A	33"	N/A	N/A	P.S .35
		4-33	SBK/SCL	FR,SS,SP,SEXP					
4	Linear Slope/5%	0-6	GR/LS	VFR,NS,NP,SEXP	N/A	N/A	N/A	N/A	U/P.S .35
		6-36	SBK/SCL	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III G	Type III G	
Site LTAR	0.35	0.35	

COMMENTS:
 Updated February 2014