

Revised
LSS
per

Harnett County Department of Public Health

PERMIT # SFD2409-0078

Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: 24 Tackatt CT

Name: (owner) Oakmont Holding Inc SUBDIVISION Oakmont PH III B LOT # 371

System Installer: Don Gaddy

Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3 (6 people)

Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: TYPE III g Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

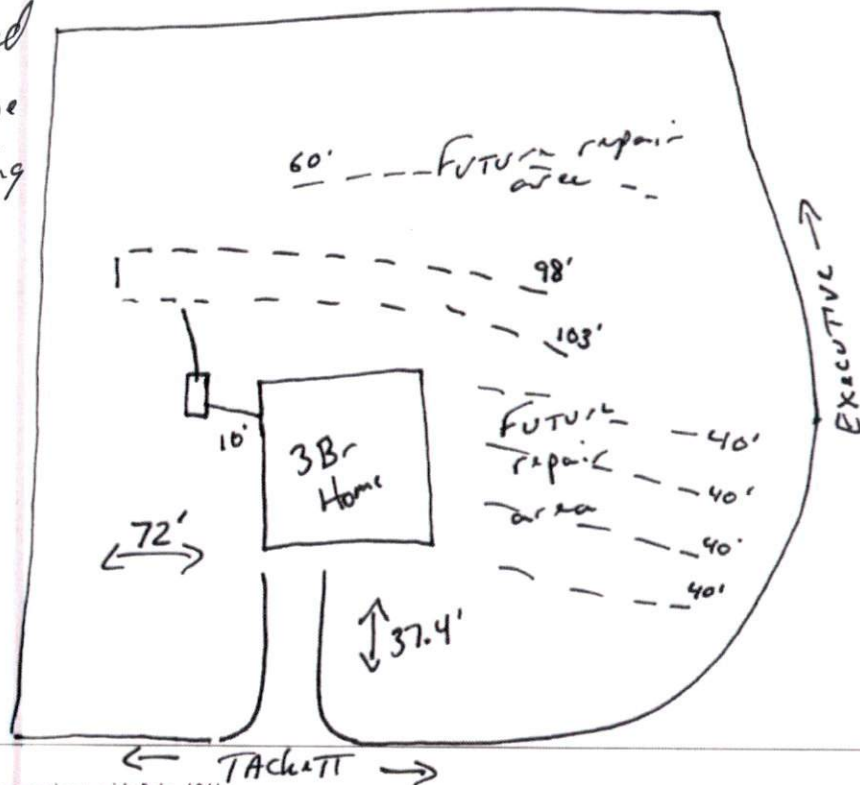
Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

9-16-25
- LSS packet Revised
For a 4 Br Home
With the Existing
septic system

4 Bedroom
8 people max

Per LSS
Alex Adams
- see ATTACHED LSS
Permit



PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes ☐ No ☒

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

☐ D-Box ☐ Pump ☐ Alarm ☐ H2O Line ☐ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other 25% reduction I & Q Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 201 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent

Mel H. PCH

Date 9-11-25

Permit #: 24109-0078

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: HarnettPIN/Lot Identifier: 0507-62-2753Issued To: Oakmont Holding IncProperty Location: 24 Tackett Ct. - Lillington NCSubdivision (if applicable) Oakmont Phase IIIB Lot #: 371 Block: _____ Section: _____LSS Report Provided: Yes ☒ No ☐If yes, name and license number of LSS: Alex Adams - LSS #1247New ☒Expansion ☐System Relocation ☐Change of Use ☐Proposed Structure: Single FamilyNumber of bedrooms: 4 Number of Occupants: 8 Other: _____Design Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial processProposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .6 Proposed LTAR (Repair): .6Proposed Wastewater System Type*: Accepted Status (Initial) Pump Required: ☐ Yes ☒ No ☐ May be requiredProposed Wastewater System Type*: Accepted Status (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 ☒ NoFill 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): 40 Usable Soil Depth (Repair): 40Max. Trench Depth (Initial)*: 24 Max. Trench Depth (Repair)*: 24 *Measured on the downhill side of the trenchArtificial 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: Alex AdamsLicensed Soil Scientist Signature: Alex Adams Date: 9-15-25

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: 9-16-25 by mtb
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: [Signature] REH Date: 9-16-25

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: 9-15-30

See attached site sketch

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

County: Harnett

PIN/Lot Identifier: 0507-62-2753

Issued To: Oakmont Holdings, Inc

Property Location: 24 Tackett Ct. - Lillington, NC

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Alex Adams - AOWE #10021E

Facility Type: Single Family
☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Type of Wastewater System* Accepted Status (Initial) Accepted Status (Repair)

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

Design Daily Flow: 480 GPD Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial process

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 200 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .6 gpd/ft²

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth[†]: 20 inches ** Measured on the downhill side of the trench*

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

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☒ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☒ No

Declaration of Restrictive Covenants: ☐ Yes ☒ No

Pre-Construction Conference Required: Yes ☐ No ☒

Conditions: No foundation or gutter drains to be directed towards septic 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: 9-15-30

AOWE/PE Signature: Alex Adams

Date: 9-15-25

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: 9-16-25 by MAO
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: [Signature] Date of Issuance: 9-16-25

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: 9-15-30

See attached site sketch

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

September 15, 2025
Project #1968

"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: 24 Tackett Ct. – Lillington, NC (Harnett County) -Lot #371 – Oakmont Subdivision
for Oakmont Holdings, Inc (PIN# 0507-62-2753)

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, 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 an Accepted Status or PPBPS 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 local county regulations for septic system installation. The trenches must be installed in the same location as the site plan. If the installation is in question at the time of installation call me (Alex Adams) at 919-414-6761.

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

If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me anytime.

Sincerely,



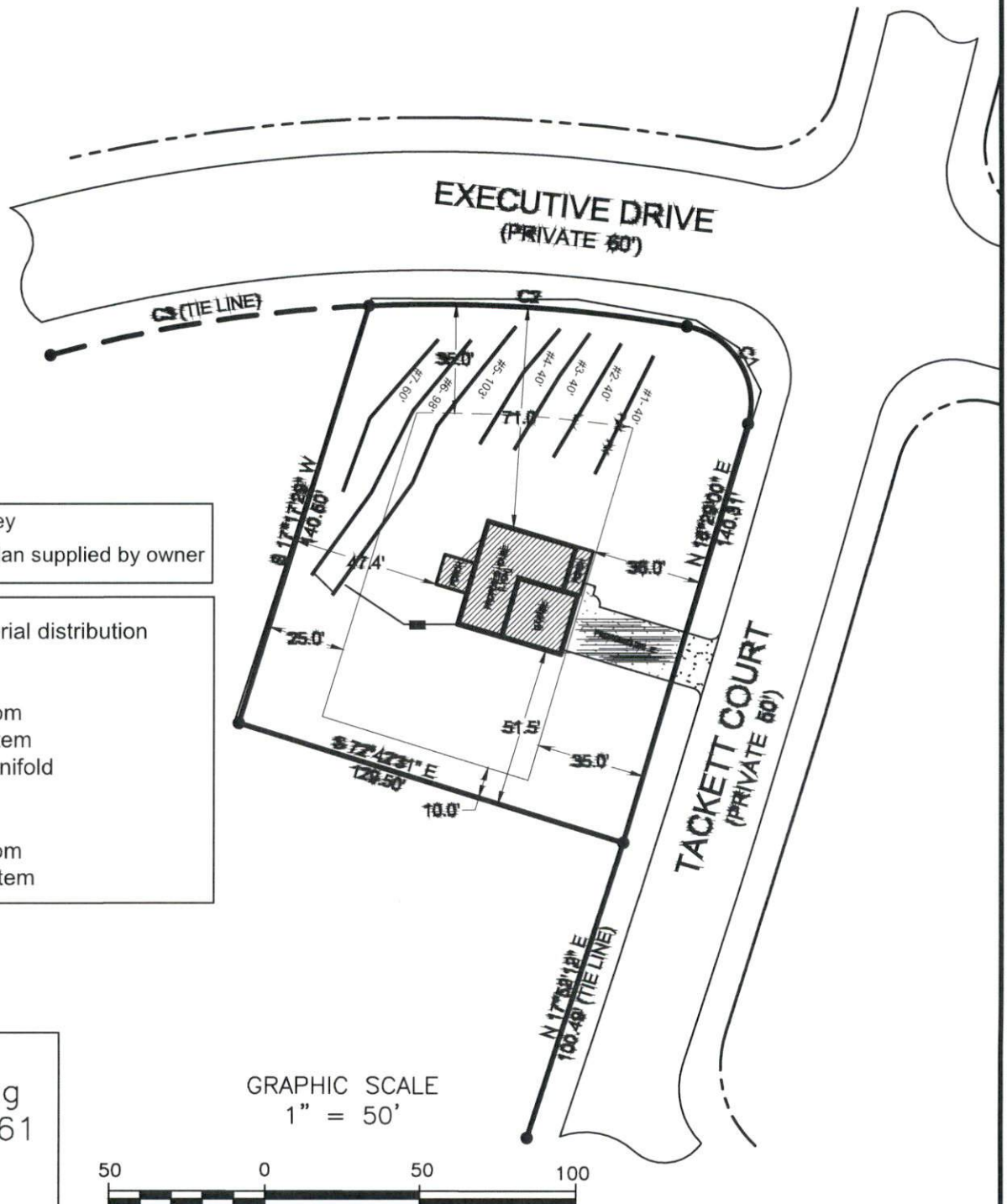
Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



Oakmont - Lot #371
4-Bedroom Septic - AS BUILT
Tackett Ct. - Harnett County
Ascot Corporation, LLC

*At time of installation Septic Installer modified installation to serial with 201 linear feet of nitrification trenches.

This modification is "APPROVED BY" Alex Adams 9-11-25



*Not a Survey

Sketched from a plot plan supplied by owner

System: Gravity to serial distribution
Lines: 5-6 (201')
0.6 LTAR
20" Max Trench Bottom
Accepted Status System
Repair: Pressure Manifold
Lines: 1-4 (160')
0.6 LTAR
24" Max Trench Bottom
Accepted Status System

Adams
Soil Consulting
919-414-6761
Job #1968

GRAPHIC SCALE
1" = 50'

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

OWNER: Ascott Group

APPLICATION DATE:

ADDRESS: 24 Tackett Ct. - Oakmont - Lot 371 - Lillington, NC

DATE EVALUATED: 9-18-24

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

PROPERTY SIZE: ~0.46 acres

LOCATION OF SITE: 24 Tackett Ct. - Oakmont - Lot 371 - 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	Side slope/7%	0-36	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.6
2	SS/7%	0-40	GR/LS	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.8
3	SS/7%	0-36	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.8
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 ²	>5,000 ft ²	
System Type(s)	Type III (b)	Type III (b)	
Site LTAR	0.6	0.6	

COMMENTS:

Updated February 2014



NORTH CAROLINA NAD 83 (2011)

[illegible]

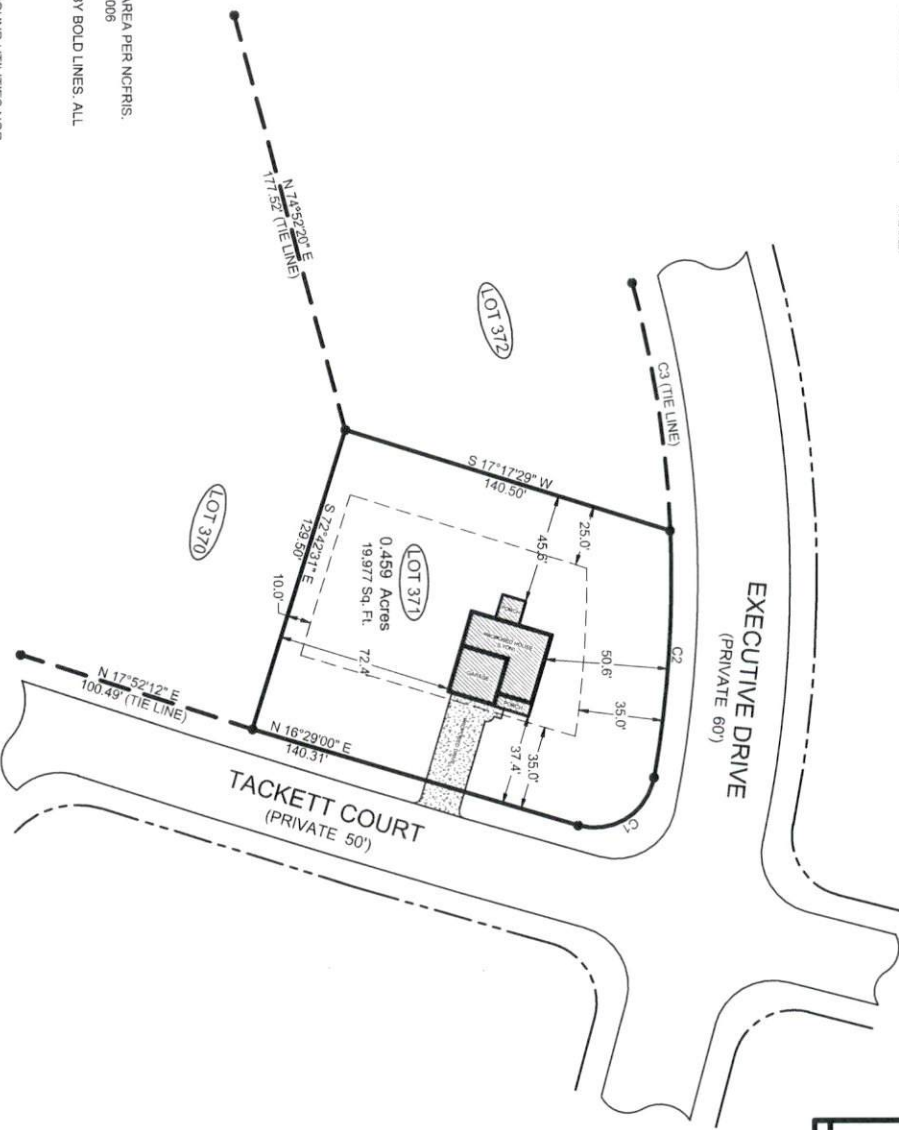
David R. Zaich

SignNow e-signature ID: 2c5a857712...
07/17/2024 15:07:26 UTC

NOTES:

1. THIS PROJECT IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA PER NGRSIS.
MAP # 37-200506001 EFFECTIVE DATE: 10/3/2006
2. ACREAGE DETERMINED BY COORDINATE METHOD
3. ALL LINES SURVEYED BY DLT LAND SURVEYING, PLLC ARE SHOWN BY BOLD LINES. ALL
LINES NOT SURVEYED ARE INDICATED BY DASHED LINES.
4. TAX PARCEL ID: 039589 1021
5. ZONING: RA-20R
6. PUBLIC WATER SUPPLY WATERSHED: NONE
7. NO ATTEMPT WAS MADE BY THIS SURVEY TO LOCATE ALL UNDERGROUND UTILITIES NOR
ANY OTHER EASEMENTS OR CONVEYANCES THAT WOULD BE REVEALED BY A TITLE
SEARCH.
8. VERIFY MINIMAL BUILDING SETBACKS BEFORE CONSTRUCTION.
9. LOCATION OF UNDERGROUND UTILITIES: IF SHOWN, ARE BASED ON VISIBLE EVIDENCE
AND DRAWINGS PROVIDED TO THE SURVEYOR. LOCATION OF UNDERGROUND UTILITIES
AND STRUCTURES MAY VARY FROM SHOWN LOCATIONS. ADDITIONAL UTILITIES MAY
EXIST. LOCAL UTILITY COMPANIES SHOULD BE CONSULTED FOR FURTHER INFORMATION
ON UTILITIES AFFECTING THE PROPERTY.

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	25.00'	41.74'	37.06'	N 32.09°27' W	95.39°55'
C2	470.00'	102.40'	12.20'	N 86°13'54" W	12°28'59"
C3	470.00'	103.81'	103.60'	S 81°11'58" W	12°39'17"



IMPERVIOUS SURFACE CALCULATIONS:
HOUSE: 1,329 SQ FT (6.65%)
DRIVE/WALK: 656 SQ FT (3.28%)
TOTAL: 1,985 SQ FT (9.94%)

DRIVE IN RMW: 177 SQ FT

SITE PLAN.
THE ASCOT
CORPORATION, LLC

JULY 16, 2024

OAKMONT, LOT 371
CITY/TOWN OF LILLINGTON
BARBECUE TOWNSHIP
HARNETT COUNTY, NORTH CAROLINA

0 50 100 150

SCALE 1"=50'

REFERENCE TABLE
DEED BOOK 4218 PAGE 702
HARRIETT COUNTY REGISTRY

PROPERTY ADDRESS:
TACKETT COURT
ELLINGTON, NC 27646

OWNER'S ADDRESS:

DNT
LAND SURVEYING, PLLC NC #PHE P-2966
SUITE 5
7300 NC HWY 15001
WEST END, NC 27378
JUNE 2002

JUNE 2002