

Permit #: SFO2412-0085



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

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

County: Harnett

PIN/Lot Identifier: 1602-44-3141.000

Issued To: Clayton Properties Group, 2521 Schieffelin Rd., Suite 116, Apex, NC 27502

Property Location: 211 Grove Township Way, Angier, NC 27501

Subdivision (if applicable) Langdon Preserve Lot #: 14 Block: \_\_\_\_\_ Section: \_\_\_\_\_

LSS Report Provided: Yes [x] No [ ]

If yes, name and license number of LSS: Michael D. Eaker, #1030

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

Proposed Structure: Single Family Dwelling

Number of bedrooms: 4 Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

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

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.60 gpd/ft2 Proposed LTAR (Repair): 0.50 gpd/ft2

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

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

Fill System (Initial): [ ] Yes [x] 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 [x] 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): >48" Usable Soil Depth (Repair): >48"

Max. Trench Depth (Initial)\*: 24" Max. Trench Depth (Repair)\*: 24" \* Measured on the downhill side of the trench

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

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [x] Municipal Supply [ ] Spring [ ] Other: \_\_\_\_\_

Drainfield location meets requirements of Rule .1945: Yes [x] No [ ] Drainfield location meets requirements of Rule .1950: Yes [x] No [ ]

Permit valid for: [x] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
Install as per detail sheet and map. Do not disturb, compact, rut or cut any soil within the septic drainfield area.

Licensed Soil Scientist Print Name: Michael D. Eaker

Licensed Soil Scientist Signature: [Signature]

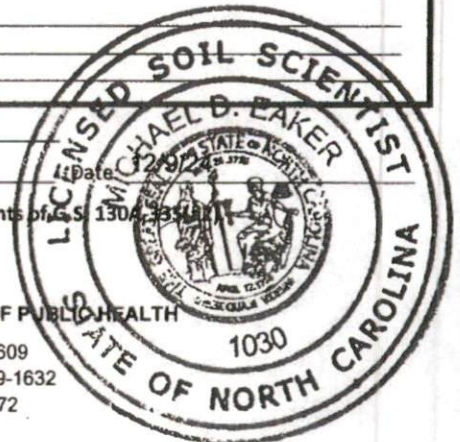
The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-334(13a)

\*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: 1-7-25 by RL  
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] REHS Date: 1-10-25

**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: 1-10-30

**\*See attached site sketch\***

Permit #: 2412-WFS

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

County: Harnett

PIN/Lot Identifier: 1602-44-3141.000, Lot 14

Issued To: Clayton Properties Group, 2521 Schieffelin Rd., Suite 116, Apex, NC 27502

Property Location: 211 Grove Township Way, Angier, NC 27501

AOWE/PE Plans/Evaluations Provided: Yes  No  If yes, name and license number of AOWE/PE: Michael D. Eaker 10013E

Facility Type: Single Family Dwelling

New  Expansion  Repair  System Relocation  Change of Use

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\* Accepted (Initial) Accepted (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: 0.60 gpd/ft<sup>2</sup>

Soil Cover: 12 inches Slope Corrected Maximum Trench/Bed Depth\*: 24 inches \* Measured on the downhill side of the trench

Aggregate Depth: NA inches above pipe NA inches below pipe NA inches total

Pump Tank Size (if applicable): NA gallons Requires more than 1 pump?  Yes  No

Pump Requirements: NA ft. TDH vs NA GPM Grease Trap Size (if applicable): NA 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: Install as per detail sheet and map. Do not disturb, compact, rut or cut any soil within the septic drainfield area.

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: Michael D. Eaker

AOWE/PE Signature: [Signature]

Expiration Date: 12/9/24

Date: 12/9/24

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: 1-7-25 by RL  
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] [Signature] [Signature] Date of Issuance: 1-10-25

**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: 1-10-30

**\*See attached site sketch\***