

Permit/File #: 2501-0008



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: Harnett
PIN/Lot Identifier: 0519-69-8431.000
Issued To: LGI Homes NC LLC
Property Location: 107 Camp Rock Road, Lillington, NC
Subdivision (if applicable) Boone Trail Village Phase 1 Lot #: 50 Block: _____ Section: _____
LSS Report Provided: Yes No
If yes, name and license number of LSS: Scott Mitchell - 1237

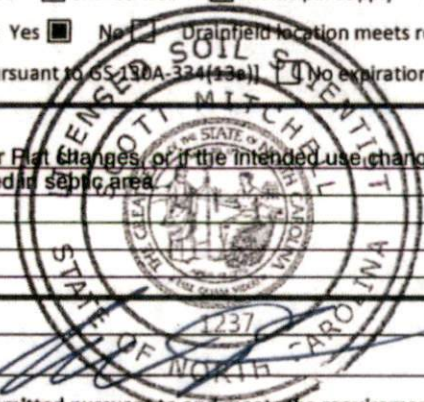
New Expansion System Relocation Change of Use
Facility Type: Single-Family Dwelling Unit

Number of bedrooms: 4 Number of Occupants: 8 or less Other: _____

Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.30 Proposed LTAR (Repair): 0.30
Proposed Wastewater System Type*: IIb (Initial) Pump Required: Yes No May be required
Proposed Wastewater System Type*: IIIb (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)*: 36"+ Usable Depth to LC (Repair)*: 36"+ * Limiting Condition
Max. Trench Depth (Initial)*: 24 inches Max. Trench Depth (Repair)*: 24 inches * 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:
Permit is subject to revocation of the Site Plan or Plat changes, or if the intended use changes, including bedroom count.
No cutting, grading, alterations, or utilities allowed in septic area.
Maintain all required setbacks.



Licensed Soil Scientist Print Name: Scott Mitchell
Licensed Soil Scientist Signature: _____ Date: December 31, 2024

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



Permit/File #: 2501-0068

This Section for Local Health Department Use Only

Initial submittal received: 2.3.25 by mo
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: Mohammed REHS Date: 2-6-25

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 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: 2-6-30

See attached site sketch



Permit/File #: 201-0068

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

County: Harnett

Pre-Construction Conference Required: Yes [] No [x]

PIN/Lot Identifier: 0519-69-8431.000

Issued To: LGI Homes NC LLC

Property Location: 107 Camp Rock Road, Lillington, NC

AOWE/PE Plans/Evaluations Provided: Yes [x] No [] If yes, name and license number of AOWE/PE: Scott Mitchell - PE 27458

Facility Type: Single-Family Dwelling Unit

Number of bedrooms: 4 Number of Occupants: 8 or less Other: _____

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

Basement? [] Yes [x] No Basement Fixtures? [] Yes [] No

Crawl Space? [] Yes [x] No Slab Foundation? [x] Yes [] No

Type of Wastewater System* I1b (Initial) IIIb (Repair)

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

Design Daily Flow: 480 GPD Wastewater Strength: [x] Domestic [] High Strength [] Industrial Process WW

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

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

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

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.30 gpd/ft² Usable Depth to LC (Initial)*: 36"+ *Limiting condition

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

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): N/A gallons

Distribution Method: [] Serial [x] D-Box or Parallel [] Pressure Manifold(s) [] LPP [] Other: _____

Artificial Drainage Required: Yes [] No [x] 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 [x] No Declaration of Restrictive Covenants: [] Yes [x] No

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

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

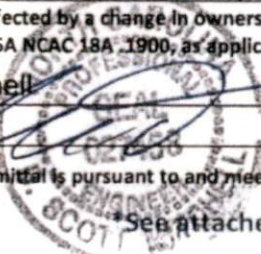
Permit conditions: Trench walls shall be raked when any Group III or Group IV soils are present. Photo documentation of trench sidewall raking is required, where Group III or Group IV soils are present. All lot corners and boundaries shall be clearly marked by a licensed surveyor prior to system installation. Septic system installation not allowed when soil moisture conditions are near saturation within initial or repair drainfield areas. No garbage disposals / insinkerators allowed in the house. County shall provide system O&M guidance materials to Owner.

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: B. Scott Mitchell

AOWE/PE Signature: [Signature] Date: January 9, 2025

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



See attached site sketch



Permit/File #: 2501-0068

This Section for Local Health Department Use Only

Initial submittal received: 2.3.25 by LLO
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: _____

[X] Complete

State Authorized Agent: [Signature] Date of Issuance: 2-6-25

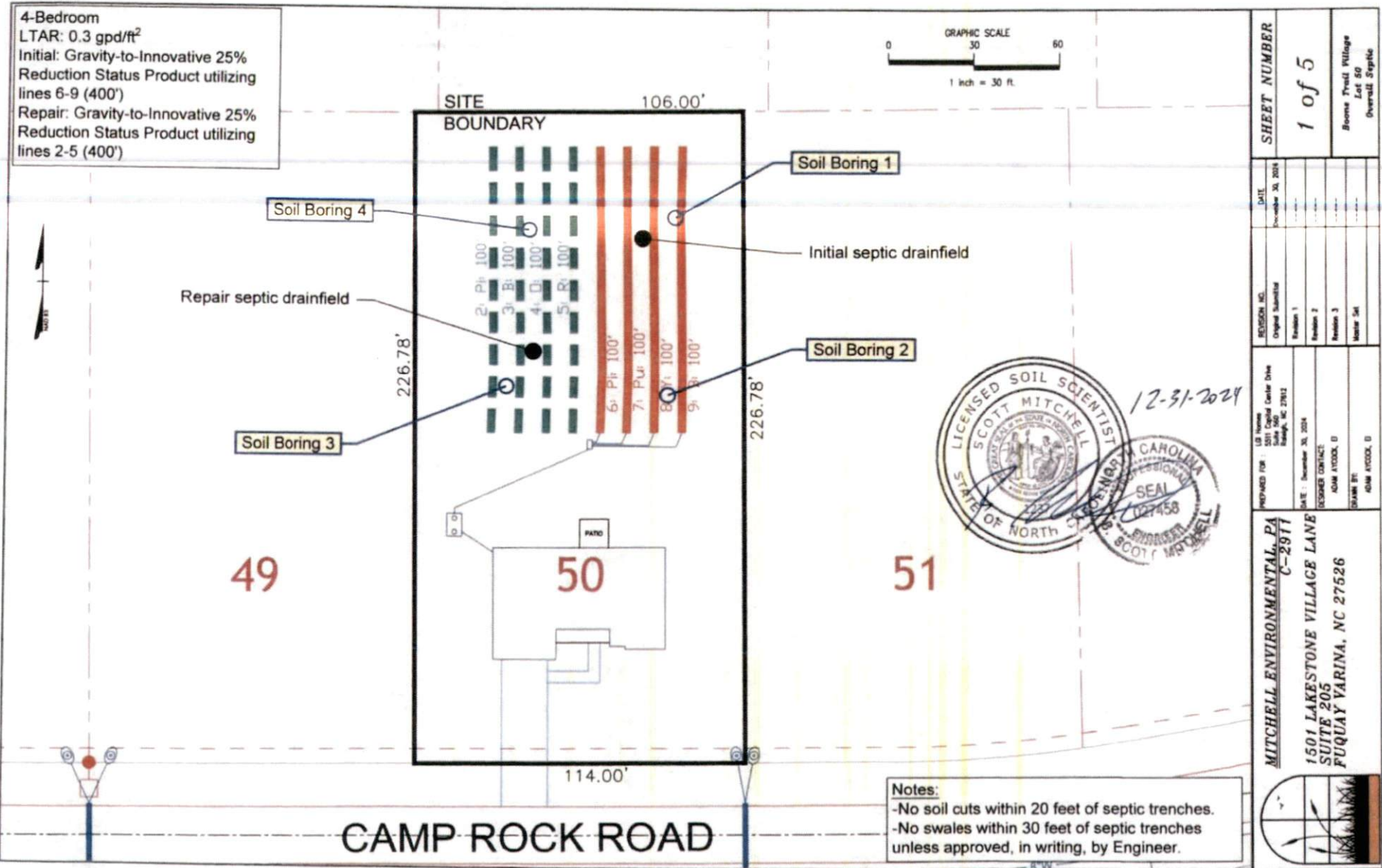
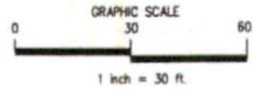
This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected 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: 2-6-30

See attached site sketch

4-Bedroom
 LTAR: 0.3 gpd/ft²
 Initial: Gravity-to-Innovative 25%
 Reduction Status Product utilizing
 lines 6-9 (400')
 Repair: Gravity-to-Innovative 25%
 Reduction Status Product utilizing
 lines 2-5 (400')



Notes:
 -No soil cuts within 20 feet of septic trenches.
 -No swales within 30 feet of septic trenches
 unless approved, in writing, by Engineer.

SHEET NUMBER 1 of 5	
DATE December 30, 2024	REVISION NO. Original Submittal
	Revision 1
	Revision 2
	Revision 3
	Master Set
PROJECT FOR 1501 Lakestone Village Lane Suite 205 Fuquay Varina, NC 27526	DESIGNED BY Adam Aycock, D
DATE December 30, 2024	SCALE AS SHOWN
PROJECT NO. C-2911	DATE December 30, 2024
DESIGNED BY Adam Aycock, D	SCALE AS SHOWN
PROJECT NO. C-2911	DATE December 30, 2024
DESIGNED BY Adam Aycock, D	SCALE AS SHOWN

