



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

Please check one of the following:

- New Construction Expansion System Relocation Change of Use Repair
5 Year Expiration Requested (site plan provided)
Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a))

Property Owner Name:
Property Owner Mailing Address:
Property Owner Phone Number:
Property Owner Email Address:

Applicant Name:
Applicant Mailing Address:
Applicant Phone Number:
Applicant Email Address:

Does the property include, or is subject to, any of the following:

- Yes No Previously identified jurisdictional wetlands
Yes No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
Yes No Approval by other public agencies

A site plan or plat is required, OR the site sketch submitted from the LSS/AOWE, must include the following:

- (A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: Yes No

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:

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: _____ 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: _____

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

County: _____

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: _____

New Expansion Repair System Relocation Change of Use

Basement? Yes No Basement Fixtures? Yes No

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

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

Design Daily Flow: _____ 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: _____ gallons Total Trench/Bed Length: _____ feet Trench/Bed Spacing: _____ feet on center

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft²

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

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

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 [.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: _____

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: _____ Expiration Date: _____

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 OnlyInitial 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: _____

Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321
Fayetteville, NC 28311
Phone/Fax (910) 822-4540
Email mike@southeasternsoil.com

January 22, 2025

Mr. Mateo Burbano
Clayton Properties Group
2521 Schieffelin Rd., Suite 116, Apex, NC 27502

Re: Soil/site evaluation for subsurface waste disposal (GS 130A-335(A2)/SL 2022-11), 62 Atherton Circle, Angier, NC 27501, Lot 39, Cambridge Reserve Subdivision, Harnett County, North Carolina

Dear Mr. Burbano,

A soil/site evaluation has been conducted on the aforementioned property at your request. The purpose of the investigation was to determine if soils were suitable or provisionally suitable for a subsurface waste disposal system (conventional, accepted and innovative) to serve a proposed single-family residence (4-bedroom home). All ratings and determinations were made in accordance with "Laws and Rules for Wastewater Treatment and Dispersal Systems, 15A NCAC 18E". **This LSS evaluation is being submitted to meet the requirements of GS 130A-335(a2)/SL 2022-11.**

The soil evaluation was completed on January 15, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a footslope landscape (3-7% slope). Soil borings conducted in most of this area consisted of 24 or more inches of loamy sand/sandy loam underlain by sandy clay loam to 48 or more inches below the soil surface. Soil wetness and/or parent material (greater than 50%) was not observed shallower than 48 inches below the soil surface (initial and repair system). All other soil characteristics were suitable to at least 48 inches. Rounded rock was observed in several borings and presented auger refusal at depths at 39-40 inches below the land surface.

Based on soil borings and site conditions, the site would be designated Suitable for a pump to accepted subsurface waste disposal drainfield (0.5 gal/day/ft² LTAR; initial system). There is enough suitable soil area to allow for a pump to accepted subsurface septic system repair (0.5 gal/day/ft²). A map showing the approximate location of the site and proposed septic layout accompanies this report. **[Note: No grading, rutting or other soil disturbance can occur in or**

near the proposed septic area. Any grading can alter the findings of this report and render the site unusable. As such, we recommend the builder protect the proposed septic areas with rope, flagging, fencing, etc.]

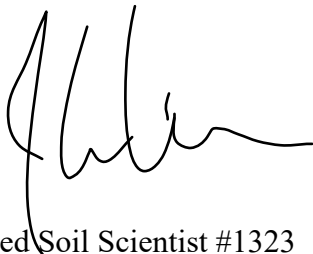
Design Summary

- Pump to Accepted product with pressure manifold (240', see septic layout)
- 480 gal/day flow rate (4BR)
- 20" maximum trench depth (initial system)
- Initial System 0.5 gpd/ft² LTAR
- Repair System 0.5 gpd/ft² LTAR
- Pump to produce 27.3 gpm at 13.8 TDH
- Pump dose 105 gallons (5.3" drawdown-pending final pump tank gallons/inch)
- 1000-gallon septic and pump tank (**each certified watertight**)
- No grading, rutting or filling in septic areas
- No vertical cuts (greater than 2') within 15' of septic lines/areas
- Keep tanks and drainlines 10' from property lines
- Keep supply line 5 or more feet from property lines
- **Install in dry soil conditions**
- Maintain natural contours when clearing the lots
- Direct gutter water away from septic system

During site construction, it is important not to impact and suitable or provisionally suitable soil areas with activities such as excavation or filling. Only the vegetation should be removed in the areas of the proposed septic drainfields to prevent any disturbance of naturally occurring soil. We recommend all lot clearing activity be delayed until the local health department issues a permit.

To the extent possible, we have identified the soil types that will impact the flow of wastewater on this site and have provided a professional opinion as to the best septic system layout. This report does not guarantee that the proposed septic system will properly function for any specific length of time.

Sincerely,



John Kase
NC Licensed Soil Scientist #1323
NC Authorized Wastewater Evaluator #10060E
NC REHS #1785



PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 39, CAMBRIDGE SUBDIVISION

ATHERTON CIRCLE

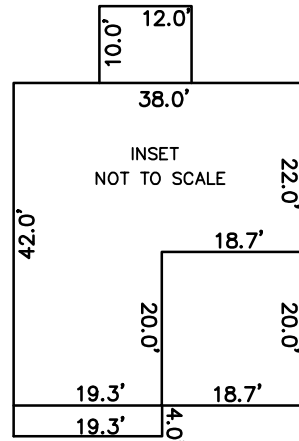
REF: B.M. , PG. NOT RECORDED

GROVE TOWNSHIP

HARNETT COUNTY, NORTH CAROLINA

JANUARY 6, 2025

ZONED RA-30

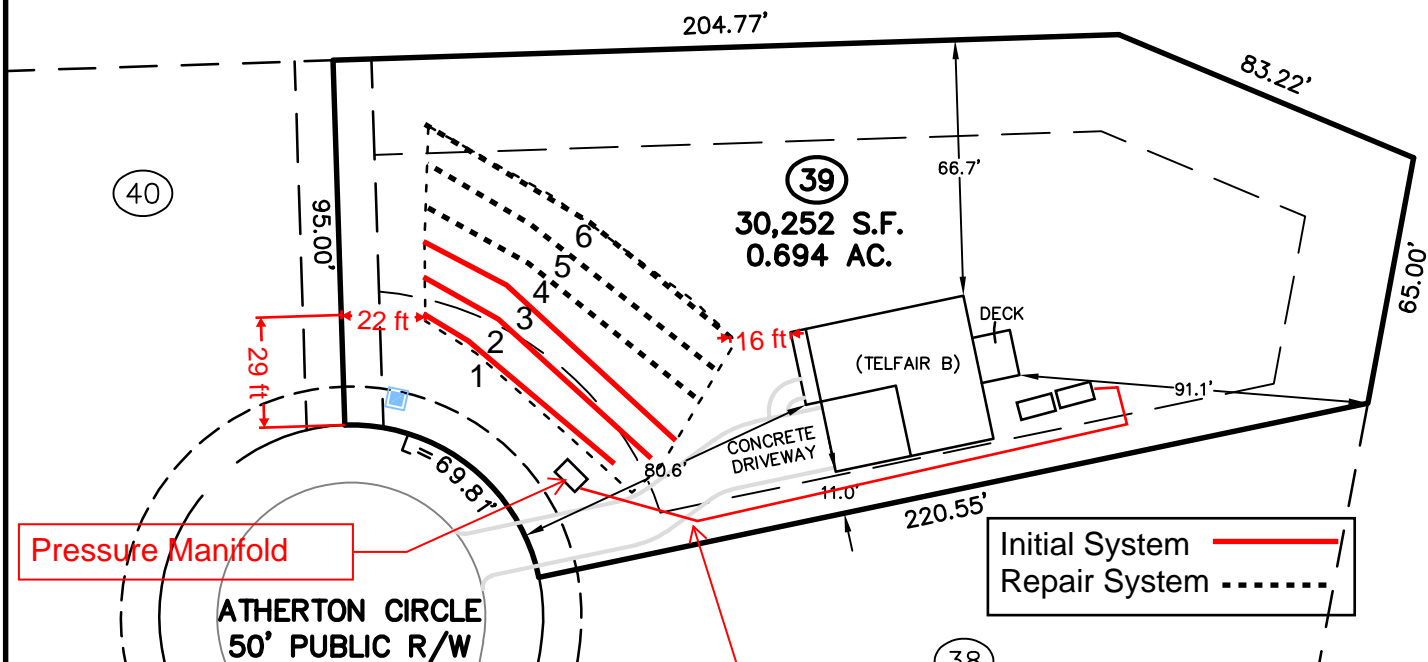


50 25 0 50 100

SCALE 1"=50'

PRELIMINARY

FOR REVIEW PURPOSES ONLY



PRELIMINARY

FOR REVIEW PURPOSES ONLY

IMPERVIOUS SURFACE TABLE

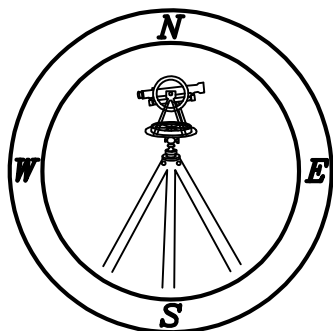
HOUSE	1,673 S.F.
DECK	120 S.F.
DRIVEWAY	1,121 S.F.
SIDEWALKS	55 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,978 S.F.
TOTAL LOT AREA	30,252 S.F.
PERCENTAGE OF IMPERVIOUS AREA	9.84 %

Supply line under drive must be deeper than 30" to crown of pipe, sleeved in ductile iron pipe or DOT traffic rated culvert pipe

TOTAL CONCRETE

DECK	120 S.F.
DRIVEWAY	1,121 S.F.
SIDEWALKS	55 S.F.
TOTAL	1,296 S.F.

THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.



CMP

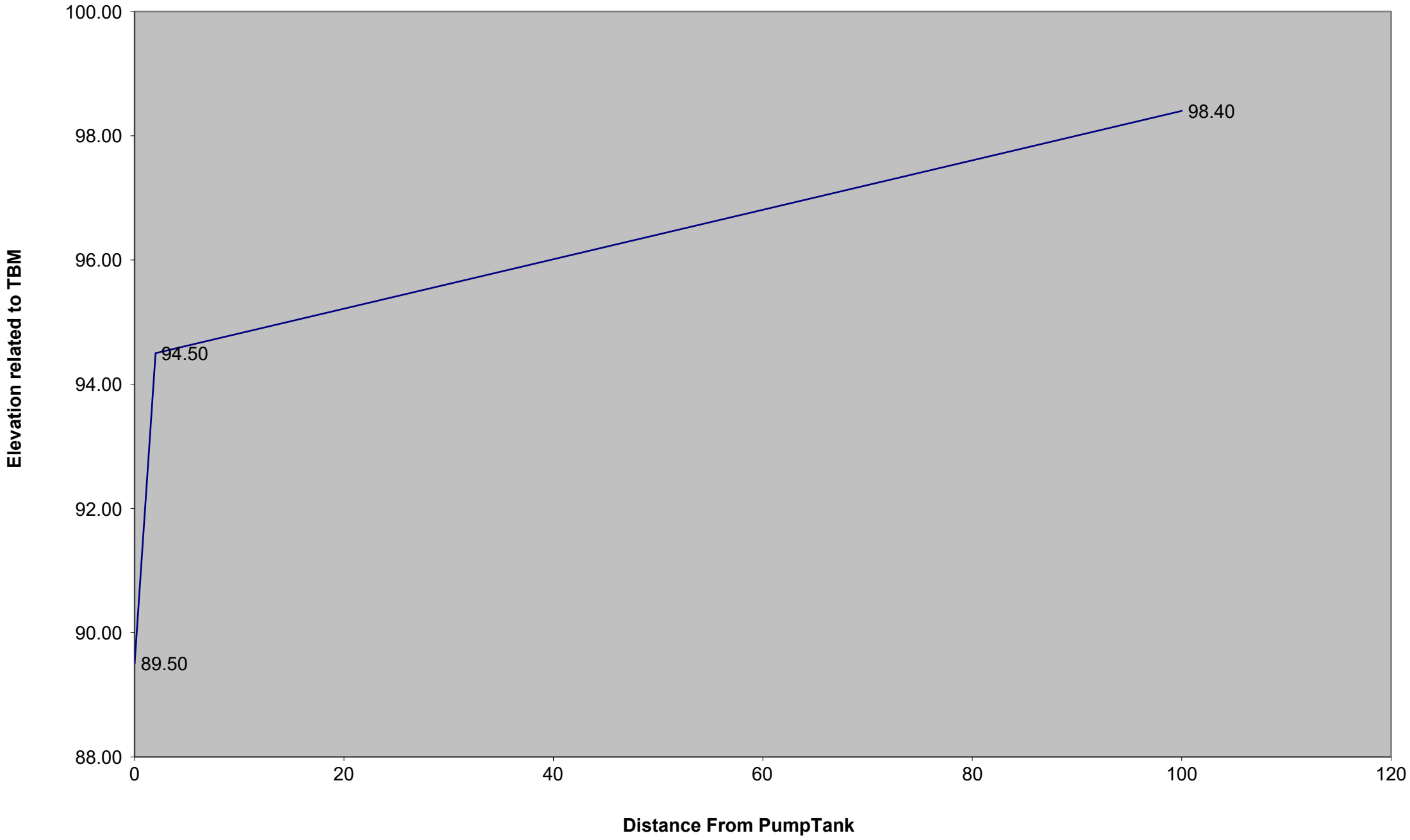
Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:

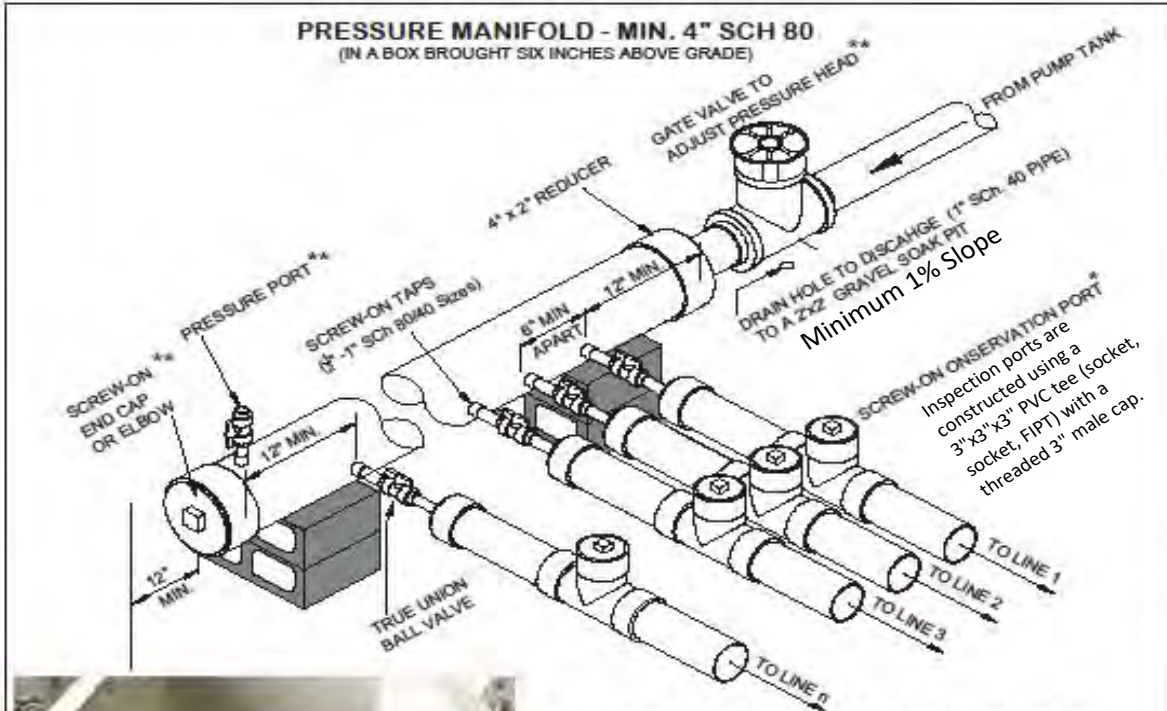
-THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES, OR SALES.

Hydraulic Profile



PM Draw

	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9	Line 10
Taps	1/2in SCH 40	3/4in SCH 80	3/4in SCH 80							
Flow	7.11	10.1	10.1	0	0	0	0	0	0	0



** MAY BE LOCATED INSIDE OR OUTSIDE MANIFOLD BOX. WHEN LOCATED OUTSIDE VALVE BOX IS REQUIRED.
 * MAY BE INSIDE BOX OR IF OUTSIDE, BRING 6" ABOVE GRADE

LINE #	TAPS	LENGTH
1	1/2in SCH 40	65
2	3/4in SCH 80	85
3	3/4in SCH 80	95

PUMP CURVE AND SPECIFICATIONS

Pump and Control Panel Specification Required:

Pump:

Pump to be UL or equal listed

TDH and Pumping rate calcs & curve

Dose volume

3 floats system in a float tree or bracket of non-corrosive material

Highwater alarm within 5" from "on" float

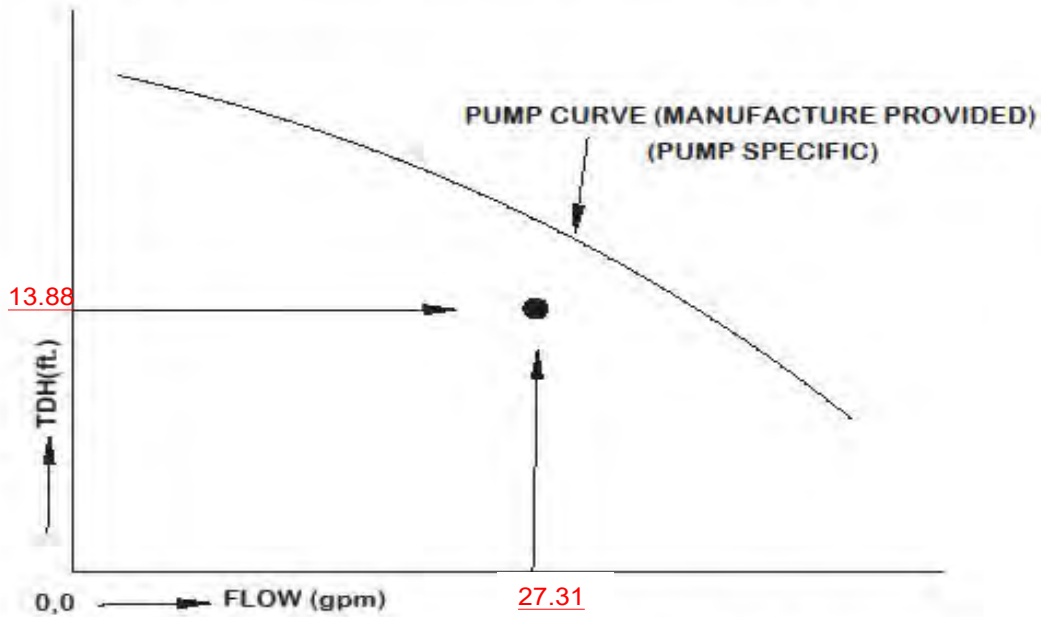
Off float at min. 12" from bottom of tank or to submerge pump

(Manufacture may certify/specify pumps suitability taller than 12" if unsubmerged)

Supply Line Profile when variation in ground profile of more than 5'

Effluent Pump should handle min. 1/2 "solids"

Gate valve, true union disconnect and connection inside tank reachable within 18" from riser top



Control Panel Specifications:

Installed within 2 ft. and

min. 18" above final grade to bottom of panel box

HOA switch provided

NEMA 4X box

Cycle counter & elapsed time meter

Alarm (audible/visible)

Separate circuits for alarm and pumps

High voltage protection

Pump Pull Rope/chain (non-corrosive)

All duct sealed, no splices or junction boxes inside tanks

3/16th inch hole between Check valve (in vertical pipe) and pump

OWNER/APP. NAME:	Clayton Properties Group	SUBDIV./LOT#	Cambridge Reserve Lot 39
LOCATION OF SITE:	62 Atherton Circle, Angier		
COUNTY:	Harnett	PROPERTY ID #:	0681-45-6463
PROPOSED FACILITY:	SFR	PROPOSED DESIGN FLOW (.0400):	480
WATER SUPPLY:	Public	WATER SUPPLY SETBACK:	10'
DATE EVALUATED:	1/15/2025		
PROPERTY SIZE:	0.64 acres		

TYPE OF WASTEWATER:	Domestic	EVALUATION METHOD:	Auger
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P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	
1	F	0-39	LS / Gr	VFR/NS/NP	39	Not Observe d	Not Observe d	S-0.8	
		39	Auger Refusal	Not Observed					
	5%								
	.0502(d) SLOPE CORRECTION								
	1.8"								
2	F	0-20	LS / Gr	VFR/NS/NP	48	N.O.	N.O.	S-0.5	
		20-48	SCL / Sbk w	FR/SS/SP					
	5%			Not Observed					
	.0502(d) SLOPE CORRECTION								
	1.8"								
3	F	0-20	LS / Gr	VFR/NS/NP	48	N.O.	N.O.	S -0.5	
		20-29	SCL / Sbk w	FR/SS/SP					
	5%	29-36	SCL-CL / Sbk w	FR/SS/SP					
	.0502(d) SLOPE CORRECTION	36-48	SCL / Sbk w	FR/SS/SP					
	1.8"			Not Observed					
4	F	0-34	LS / Gr	VFR/NS/NP	40	N.O.	N.O.	S - 0.5	
		34-40	SL / Gr	VFR/NS/NP					
	5%	40	Auger Refusal	Not Observed					
	.0502(d) SLOPE CORRECTION								
	1.8"								

DESCRIPTION:	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509):	Suitable
Available Space	Suitable	Suitable	EVALUATED BY:	John Kase
System Type(s):	25% Reduction	25% Reduction	OTHER(S) PRESENT:	
Site LTAR:	0.350	0.400		
Maximum Trench	18"	18"		
Saprolite System:	No			
Comments:	Trench bottoms depth measure on downslope side of trench..			



Standard Abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL LTAR	SAPROLITE	LPP LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE	
CC (Concave Slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	SEXP (Slightly Expansive)	G (Single Grain)	
CV (Convex Slope)		LS (Loamy Sand)		0.5 - 0.7		EXP (Expansive)	M (Massive)	
D (Drainage Way)							GR (Granular)	
FP (Flood Plain)	II	SL (Sandy Loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	MOIST	SBK (Subangular Blocky)	
FS (Foot Slope)		L (Loam)		0.2 - 0.4		VFR (Very Friable)	WSBK (Weak Subangular Blocky)	
H (Head Slope)						FR (Friable)	ABK (Angular Blocky)	
L (Linear Slope)	III	SiL (Silt Loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	PL (Platy)	
N (Nose Slope)		SCL (Sandy Clay Loam)		0.05 - 0.15*		EFI (Extremely Firm)	PR (Prismatic)	
R (Ridge/Summit)		CL (Clay Loam)		N/A		MA-RCF (Massive Rock Controlled Fabric)		
S (Shoulder Slope)		SiCL (Silty Clay Loam)					WET	AR (Auger Refusal)
T (Terrace)		Si (Silt)						
TS (Toe Slope)				SS (Slightly Sticky)	OTHER			
	IV	SC (Sandy Clay)	0.1 - 0.4	N/A	0.05 - 0.2	S (Sticky)	NO (Not Observed)	
		SiC (Silty Clay)				VS (Very Sticky)		
		C (Clay)				NP (Non-plastic)		
						SP (Slightly Plastic)		
	O (Organic)		N/A	N/A	N/A	P (Plastic)		
						VP (Very Plastic)		

NOTES:

SAPROLITE*	*Sandy clay loam saprolite 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)
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)
Long-term Acceptance Rate (LTAR): gal/day/ft ²	

PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 39, CAMBRIDGE SUBDIVISION

ATHERTON CIRCLE

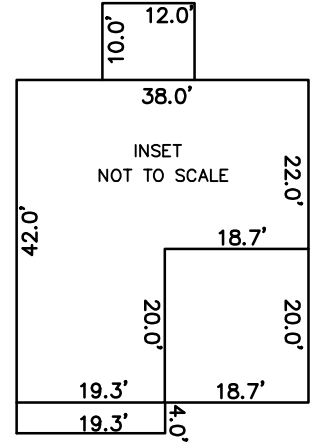
REF: B.M. , PG. NOT RECORDED

GROVE TOWNSHIP

HARNETT COUNTY, NORTH CAROLINA

JANUARY 6, 2025

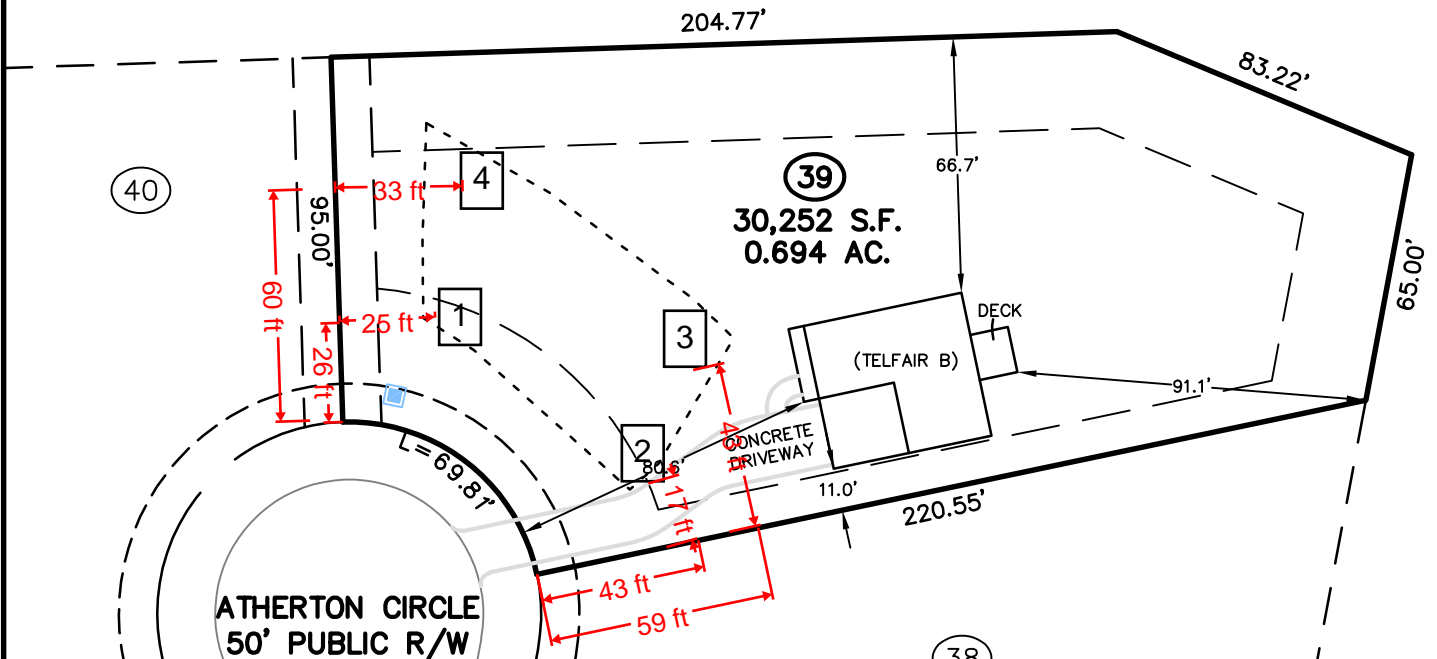
ZONED RA-30



50 25 0 50 100
SCALE 1"=50'

PRELIMINARY

FOR REVIEW PURPOSES ONLY



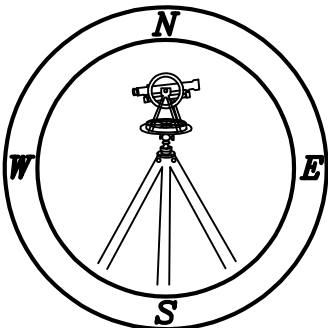
PRELIMINARY

FOR REVIEW PURPOSES ONLY

TOTAL CONCRETE	
DECK	120 S.F.
DRIVEWAY	1,121 S.F.
SIDEWALKS	55 S.F.
TOTAL	1,296 S.F.

IMPERVIOUS SURFACE TABLE	
HOUSE	1,673 S.F.
DECK	120 S.F.
DRIVEWAY	1,121 S.F.
SIDEWALKS	55 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,978 S.F.
TOTAL LOT AREA	30,252 S.F.
PERCENTAGE OF IMPERVIOUS AREA	9.84 %

THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.



CMP

Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:

-THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES, OR SALES.