Permit/	File	#:
---------	------	----

	PARTMENT OF TH AND N 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

Fee \$_

Submittal Includes:

(a2) Improvement Permit

(a2) Construction Authorization

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

County: Harnett
PIN/Lot Identifier: 0519-69-6133.000
Issued To: LGI Homes NC LLC
Property Location: 70 Camp Rock Road, Lillington, NC
Subdivision (if applicable) Boone Trail Village Phase 1 Lot #: 57 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): 0.325 Proposed LTAR (Repair): 0.325
Proposed Wastewater System Type*: IIb (Initial) Pump Required: Yes No May be required
Proposed Wastewater System Type*: IIIf (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 INO 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) ^x : 29" Usable Depth to LC (Repair) ^x : 25" <i>* Limiting Condition</i>
Max. Trench Depth (Initial)*: 15 inches Max. Trench Depth (Repair)*: 12 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 if 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:
The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2). *See attached site sketch*

Permit/File #:



This Section for Local Health Department Use Only

Initial submittal received: 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	1212	
	Date		
State Authorized Agent:		Date:	-
Complete		NO SA	
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 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:

See attached site sketch



Permit/File #: _____

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:

Date

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 _____

State Authorized Agent: _____

Complete

State Authorized Agent: _____

Date: _____

Date: _____



PID: 130519 0103 62
PIN: 0519-69-6133.000
Account Number: 1500028388
Owner: LGI HOMES NC LLC
Mailing Address: 1450 LAKE ROBBINS DR STE 430 THE WOODLANDS, TX 77380-3294
Physical Address: 70 CAMP ROCK RD LILLINGTON, NC 27546 ac
Description: LOT#57 BOONE TRAIL VILLAGE PH1 MAP#2024-600
Surveyed/Deeded Acreage: 0.63
Calculated Acreage: 0.63
Deed Date:
Deed Book/Page: 4144 - 0878
Plat(Survey) Book/Page: 2024 - 600
Last Sale: 2022 - 4
Sale Price: \$2220000
Qualified Code: A
Vacant or Improved: V
Transfer of Split: ⊤
Actual Year Built:
Heated Area : SqFt

Building Count : 0

Harnett County GIS

Building Value: \$0 Parcel Outbuilding Value: \$0 Parcel Land Value: 26900 Market Value: \$26900 Deferred Value: \$0 Total Assessed Value: \$26900 Zoning: RA-30 - 0.63 acres (100.0%) Zoning Jurisdiction: Harnett County Wetlands: No FEMA Flood: Minimal Flood Risk Within 1mi of Agriculture District: Yes Elementary School: Boone Trail Elementary Middle School: Western Harnett Middle High School: Western Harnett High Fire Department: Boone Trail EMS Department: Medic 12, D12 EMS Law Enforcement: Harnett County Sheriff Voter Precinct: Boone Trail County Commissioner : Duncan Edward Jaggers School Board Member: John Hairr



Mitchell Environmental, P.A.

I hereby authorize representatives of Mitchell Environmental, P.A., to provide subsurface wastewater evaluations and septic system designs on my behalf, for the issuance of an IP and CA, for the property identified below.

For Improvement Permit (IP) issuance:

"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)."

For Construction Authorization (CA) issuance:

"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)."

The LSS evaluation attached to this application was used to produce and design a subsurface wastewater septic system for permitting to obtain an IP and CA in accordance with G.S. 130A-335(a2), (a3), (a5), and (a6).

41/63/85/92/70 Comp Rock Rd. Subject Property (Address, PIN, etc.): <u>46 Comp Rock Rd. Lilling ton NL 2</u>7546 Owner Representative (Print): Keith Sears Owner Representative (Sign): Date: 2/10/25

1501 Lakestone Village Lane, Suite 205 Fuquay-Varina, North Carolina 27526 919-669-0329



CERTIFICATE OF LIABILITY INSURANCE

EMARIY
DATE (MM/DD/YYYY)

MITCENV-01

								_	1/16/2025	
C B	ERT ELO	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR AL	TER THE C	OVERAGE AFFORDED	BY THE POLICI	IES
lf	SU	DRTANT: If the certificate holde JBROGATION IS WAIVED, subject certificate does not confer rights to	ct to	the	terms and conditions of	the policy, certain	policies may			
	DUCE		•	0011		CONTACT Select E		nit		
ler	a Gi	Group				PHONE (A/C, No, Ext): (919)			(919) 467-4987	7
		arklake Avenue, Suite 225 n, NC 27612				E-MAIL ADDRESS: em@tris	sure.com	(A/C, NO):	(313) 401 4301	
and	''g'''	1, 10 27012						RDING COVERAGE	NAIC	ш
									10172	#
	RED	<u>, </u>						surance Company	38776	
150	KED	Mitchell Environmental PA					America ins	surance Company	30770	
		Scott Mitchell				INSURER C :				
		5601 Maggie Run Lane				INSURER D :				
		Fuquay Varina, NC 27526				INSURER E :				
						INSURER F :				
0	VER	RAGES CER	TIFI	CATE	ENUMBER:			REVISION NUMBER:		
IN Cl	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO WHICH TH	HIS
ISR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	
ISR TR			ADDL INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		rs _{\$} 1,000	0,00
ISR TR			ADDL INSD	WVD	POLICY NUMBER	(MM/DD/YYYY) 1/27/2025	(MM/DD/YYYY) 1/27/2026	EACH OCCURRENCE	\$ 1,000	
ISR TR		COMMERCIAL GENERAL LIABILITY	ADDL INSD	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 50	0,00
ISR TR		COMMERCIAL GENERAL LIABILITY	ADDL INSD	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000 \$ 50 \$ 10	0,00 0,00
ISR TR	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	ADDL INSD	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000 \$ 50 \$ 10 \$ 1,000 \$ 2,000	0,00 0,00 0,00
ISR TR	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR	ADDL INSD	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000 \$ 50 \$ 100 \$ 1,000 \$ 2,000 2 000	0,00 0,00 0,00
ISR TR	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Image: Strain Str	ADDL INSD	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000 \$ 50 \$ 100 \$ 1,000 \$ 2,000 \$ 2,000 \$ 1	0,00 0,00 0,00
ISR TR	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COUR CLAIMS-MADE COUR	ADDL	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000 \$ 50 \$ 100 \$ 1,000 \$ 2,000 \$ 2,000 \$	0,00 0,00 0,00
SR TR	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR CLAIMS-MADE CCUR CLAIMS-MADE CCUR CLAIMS-MADE CCUR CLAIMS-MADE CCUR COURCE COURCE CLAIMS-MADE CCUR CLAIMS-MADE CCUR CL	ADDL	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000 \$ 50 \$ 1,000 \$ 1,000 \$ 2,000 \$ 2,000 \$ \$ \$	0,00 0,00 0,00
A	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR CLAIMS-MADE COCCUR POLICY COCUR CLAIMS-MADE	ADDL	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$ 1,000 \$ 50 \$ 100 \$ 1,000 \$ 2,000 \$ 2,000 \$	0,00 0,00 0,00
SR TR	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COULT PRO- POLICY AUTO OWNED AUTOS OWNED AUTOS		WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ 1,000 5 5 5 5 5 5 1,000 5 2,000 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0,00 0,00 0,00
ISR TR	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR CLAIMS-MADE COCCUR POLICY COCUR CLAIMS-MADE		WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,000 5 5 5 5 5 5 1,000 5 2,000 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0,00 0,00 0,00
A	GEN	COMMERCIAL GENERAL LIABILITY claims-made X occur claims-made X occur cnit aggregate limit applies per: policy X policy X PRO- JECT Loc other: Jonobile Liability Loc ANY AUTO Scheduled AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY		WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 1,000 1 1,00	0,00 0,00 0,00 0,00
SR TR A	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COULT PRO- POLICY AUTO OWNED AUTOS OWNED AUTOS	ADDL	WVD	G28210486009	(MM/DD/YYYY) 1/27/2025	<u>(MM/DD/YYYY)</u> 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 1,000 1 1,000 1 1,000 1 1,000 1 1,000 1 1,000 1 1,000 1 1 1,000 1 1 1,000 1 1 1,000 1 1 1,000 1 1 1 1	0,00
A SR	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCCUR CLAIMS-MADE COMMERCIAL GENERAL LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY MURD AUTOS ONLY AUTOS ONLY MURD OCCUR	ADDL	WVD	POLICY NUMBER	<u>(MM/DD/YYYY)</u>	(MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000 5 50 5 50 5 1,000 5 2,000 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0,00
SR TR A	GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCCUR CLAIMS-MADE COMMERCIAL GENERAL LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY MURD AUTOS ONLY AUTOS ONLY MURD OCCUR	ADDL	WVD	G28210486009	(MM/DD/YYYY) 1/27/2025	<u>(MM/DD/YYYY)</u> 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE	\$ 1,000 5 50 5 10 5 1,000 5 2,000 5 5 5 5 5 5 5 5 5 5 1,000 1,000 1,000 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0,00
A	X GEH AUT	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR EN'L AGGREGATE LIMIT APPLIES PER: POLICY X POLICY X PRO- JECT LOC OTHER: JTOMOBILE LIABILITY ANY AUTO ANY AUTO SCHEDULED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ DRKERS COMPENSATION RETENTION	ADDL	WVD	G28210486009	(MM/DD/YYYY) 1/27/2025	<u>(MM/DD/YYYY)</u> 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE	\$ 1,000 \$ 50 \$ 50 \$ 100 \$ 1,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 5 \$ 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000
A A	X GET AUT	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE		WVD	G28210486009	(MM/DD/YYYY) 1/27/2025	<u>(MM/DD/YYYY)</u> 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE OTH-	\$ 1,000 \$ 50 \$ 50 \$ 1000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 3,000 \$ 1,000 \$ 1,000	0,00 0,00 0,00 0,00 0,00 0,00
A A	X GET AUT	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE	ADDL INSD	WVD	G28210486009 G46616182008	(MM/DD/YYYY) 1/27/2025 1/27/2025	(<u>MM/DD/YYYY</u>) 1/27/2026 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE E.L. EACH ACCIDENT	\$ 1,000 \$ 50 \$ 50 \$ 1,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 3 \$ 3 \$ 1,000 \$ 1,000	0,00 0,00 0,00 0,00 0,00 0,00 0,00
A	AU1 AU1 X WOFAND	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE C		WVD	G28210486009 G46616182008	(MM/DD/YYYY) 1/27/2025 1/27/2025	(<u>MM/DD/YYYY</u>) 1/27/2026 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE DER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ 1,000 \$ 50 \$ 50 \$ 100 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 3 \$ 3 \$ 1,000 \$ 1,000 \$ 1,000 \$ 1,000	
A B	AUT AUT X WOFF AND OFF (Mar If yee DES	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE C		WVD	G28210486009 G46616182008	(MM/DD/YYYY) 1/27/2025 1/27/2025 2/7/2025	(<u>MM/DD/YYYY</u>) 1/27/2026 1/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE E.L. EACH ACCIDENT	\$ 1,000 \$ 50 \$ 10 \$ 1,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 3,000 \$ 1,000 \$ 1,000 \$ 1,000 \$ 1,000	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0
A	AUT AUT X WOFF AND DES Pro	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE C		WVD	G28210486009 G46616182008 WC PC 602055-000	(MM/DD/YYYY) 1/27/2025 1/27/2025	(MM/DD/YYYY) 1/27/2026 1/27/2026 2/7/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000 \$ 50 \$ 50 \$ 100 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 2,000 \$ 3 \$ 3 \$ 1,000 \$ 1,000 \$ 1,000 \$ 1,000	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0

CERTIFICATE HOLDER	CANCELLATION
LGI Homes – NC, LLC 1450 Lake Robbins Drive Suite 430	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The Woodlands, TX 77380	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Mitchell Environmental, P.A.

February 20, 2025

Mr. Robert Putze LGI Homes - NC, LLC 1450 Lake Robbins Drive, Suite 430 The Woodlands, Texas 77380

Re: On-Site Sewage Disposal Site and Soils Evaluation Report for: Boone Trail Village Subdivision – Lot 57 70 Camp Rock Road, Lillington, Harnett County

Mr. Putze:

At your request, we have completed a site evaluation for use of on-site sewage disposal systems at Lot 57 of Boone Trail Village Subdivision located at 70 Camp Rock Road in Lillington, Harnett County. The site evaluation was completed using backhoe pits on October 23, 2024, under moist soil conditions, based on the criteria found in the State Subsurface Rules, 15A NCAC 18E, "Wastewater Treatment and Dispersal Systems". This report was prepared pursuant to and meets the requirements of G.S. 130A-335(a2).

Site Evaluation for Use of On-Site Sewage Disposal Systems:

The evaluation included all usable areas of the property as limited by state and local laws, rules, and regulations. The purpose of the evaluation was to determine the suitability of the site for onsite waste disposal systems per applicable laws, rules, and regulations. **"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."**

A soil/site evaluation for use of on-site waste disposal systems on any site in North Carolina must include an evaluation of each of the following criteria: 1) topography and landscape position, 2) soil morphology, 3) soil wetness, 4) soil depth, 5) restrictive horizons and 6) available space. Upon field evaluation of the site, the majority of the lot was confirmed to contain sufficient suitable depth for on-site waste disposal systems.

Most septic systems in North Carolina that include a sub-surface waste disposal element require nitrification trenches to distribute effluent for final treatment. Any nitrification trench that has an associated width (*conventional, LPP, LDP, etc.*) must be designed to accommodate slope corrections (*typically 1 to 4 inches*). Slope corrections are based on trench width and cross slope to ensure the minimum separation distance between the trench bottom and an unsuitable soil condition is maintained over the entire trench width. Sloping sites are required to have greater suitable soil depth to accommodate slope correction as opposed to flat sites that require no slope correction. Please note that all proposed lots that utilize sub-surface nitrification fields must have sufficient area for the initial septic system as well as a full repair system. However, the initial and repair systems are not required to be the same type of system, nor are they required to be contiguous. For example, a lot may have a conventional, gravity system installed as the initial septic system and specify an LPP or subsurface drip system for its repair, several hundred feet away from the house or other structure being served.

The number of bedrooms or wastewater design flowrate that any lot will accommodate is entirely dependent upon the usable area of the lot and the long-term acceptance rate (*LTAR*; *LTAR is the*

1501 Lakestone Village Lane, Suite 205 Fuquay-Varina, North Carolina 27526 919-669-0329 effluent application rate for a septic system. For conventional systems, the LTAR indicates the number of gallons that can be applied to each square foot of the <u>trench bottom</u> per day. For an LPP or subsurface drip system, the LTAR indicates the number of gallons that can be applied to each square foot of the <u>nitrification field</u> per day. An LTAR of 0.2 gallons per day per ft² (gpd/ft²) will require a nitrification field that is twice as large as a field that has an LTAR of 0.4 gpd/ft².). Assigned LTARs will affect the number of bedrooms or wastewater design flowrate lots will accommodate as illustrated above. LTARs can vary from one location to another on a property. Our observations indicate that the majority of the lot contains sufficient suitable soil depth to accommodate subsurface wastewater systems with an LTAR of 0.35 gpd/ft². Observed suitable soil depths on this site range from 24 inches to greater than 41 inches, with LTAR controlling soil textures ranging from sandy clay loam to clay.

Topography on this lot can be generally characterized as a gentle side slope that generally sheds to the south. Based on observed site and soil characteristics, in combination with the proposed plot plan, it is my professional opinion that adequate available space exists on this lot for properly designed septic system drainfields (*initial and repair*) sufficient for one, four-bedroom home.

This site evaluation is based upon the conditions of the site at the time of the evaluation. Any alteration of the site, including compaction, clearing, grading, timbering, etc., could negatively affect the suitability for on-site septic systems. Great care should be exercised during site preparation to protect areas that are to be utilized for septic system nitrification fields. No vehicular or construction traffic should be allowed on these areas. Additionally, no sedimentation and erosion control devices or stormwater collection, treatment, diversion, or dispersal devices should be allowed on or near these areas.

Thank you for the opportunity to provide you with this wastewater system soil suitability evaluation. Do not hesitate to call me if you have any questions or concerns about this evaluation or if you need any additional information.

Sincerely,



Scott Mitchell, PE, LSS President

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNE	R:LGI Home	s NC LLC		(Complete all f	ields in full)		DA1	E EVALU	ATED: 10/2	3/2024
				e Woodlands, TX 77 OPOSED DESIGN F		480	PROP	FRTV SIZ	E: 0.63 acres	<u></u>
				70 Camp Rock Road		400			ORDED: <u>12/0</u>	
				□ Shared Well □					SETBACK:_	
EVAL	UATION METH	OD: 🗌 Auger	r Boring X Pit	Cut TY	PE OF WASTE	WATER:	X Domest	ic 🗌 High	Strength 🗌 I	PWW
P R O F I										
L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
	L, 4%	Ap, 0-6	SL, G	VFR, NS, NP, NEXP	10YR 5/2					
		E, 6-15	SL, SBK	VFR, NS, NP, NEXP	2.5Y 6/4					
1		Bt1, 15-35	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6					
		Bt2, 35-41+	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6 2.5YR 4/8; 15%	41+			S, 0.35	2"
					2.0111 1/0, 10/0					
	L, 5%	Ap, 0-6	SL, G	VFR, NS, NP, NEXP	10YR 5/2					
		E, 6-12	SL, SBK	VFR, NS, NP, NEXP	2.5Y 6/4					
2		Bt1, 12-21	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6					
		Bt2, 21-30	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6 2.5YR 4/8; 15%					
		Btg, 36+	SCL, SBK		10YR 6/6 2.5YR 4/2; 15%	30			S, 0.35	2"
	L, 5%	Ap, 0-6	SL, G	VFR, NS, NP, NEXP	10YR 5/2					
		E, 6-13	SL, SBK	VFR, NS, NP, NEXP	2.5Y 6/4					
3		Bt1, 13-19	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6					
		Bt2, 19-24	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6					
		Btg, 24+	SCL, SBK	FR, SS, SP, SEXP	2.5YR 4/8; 15% 10YR 6/6 2.5YR 4/2; 15%	24			S, 0.35	2"
	L, 5%	Ap, 0-6	SL, G	VFR, NS, NP, NEXP	10YR 5/2					
		E, 6-24	SL, SBK	VFR, NS, NP, NEXP	2.5Y 6/4					
4		Bt, 24-30	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6					
		Btg, 30+	SCL, SBK	FR, SS, SP, SEXP	10YR 6/6 2.5YR 4/2; 15%	30			S, 0.35	2"
					, 10/0					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM		
Available Space (.0508)	Yes	Yes	SITE CLASSIFICATION (.0509):	Suitable
System Type(s)	llb	IIIf	EVALUATED BY:	Scott Mitchell / Adam Aycock
Site LTAR	0.325	0.325	OTHER(S) PRESENT:	
Maximum Trench Depth	15" on Low Side	12" on Low Side		
Comments:			· · · · · · · · · · · · · · · · · · ·	

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft ²)	SAPROLITE LTAR (gpd/ft ²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE										
CC (Concave slope)		S (Sand)		0.6 - 0.8		MOIST	WET	SG (Single grain)										
CV (Convex Slope)	I	LS (Loamy sand)	0.8 - 1.2	0.5 -0.7	0.4 -0.6	Lo (Loose)	NS (Non-sticky)	M (Massive)										
D (Drainage way)	п	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)										
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)										
FS (Foot slope)		SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3		Fl (Firm)	VS (Very sticky)	ABK (Angular blocky)										
H (Head slope)		SCL (Sandy clay loam)		0.3 - 0.6	0.3 - 0.6	0.3 - 0.6								0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)	ш	CL (Clay loam)						0.15 - 0.3	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)							
N (Nose slope)		SiCL (Silty clay loam)						P (Plastic)										
R (Ridge/summit)		Si (Silt)		None			VP (Very plastic)											
S (Shoulder slope)		SC (Sandy clay)				SEXP (Slightly	expansive)											
T (Terrace)	IV	SiC (Silty clay)	0.1 - 0.4		0.05 - 0.2	EXP (Expansive)												
TS (Toe Slope)		C (Clay)						-										
		O (Organic)	None															

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality. **Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

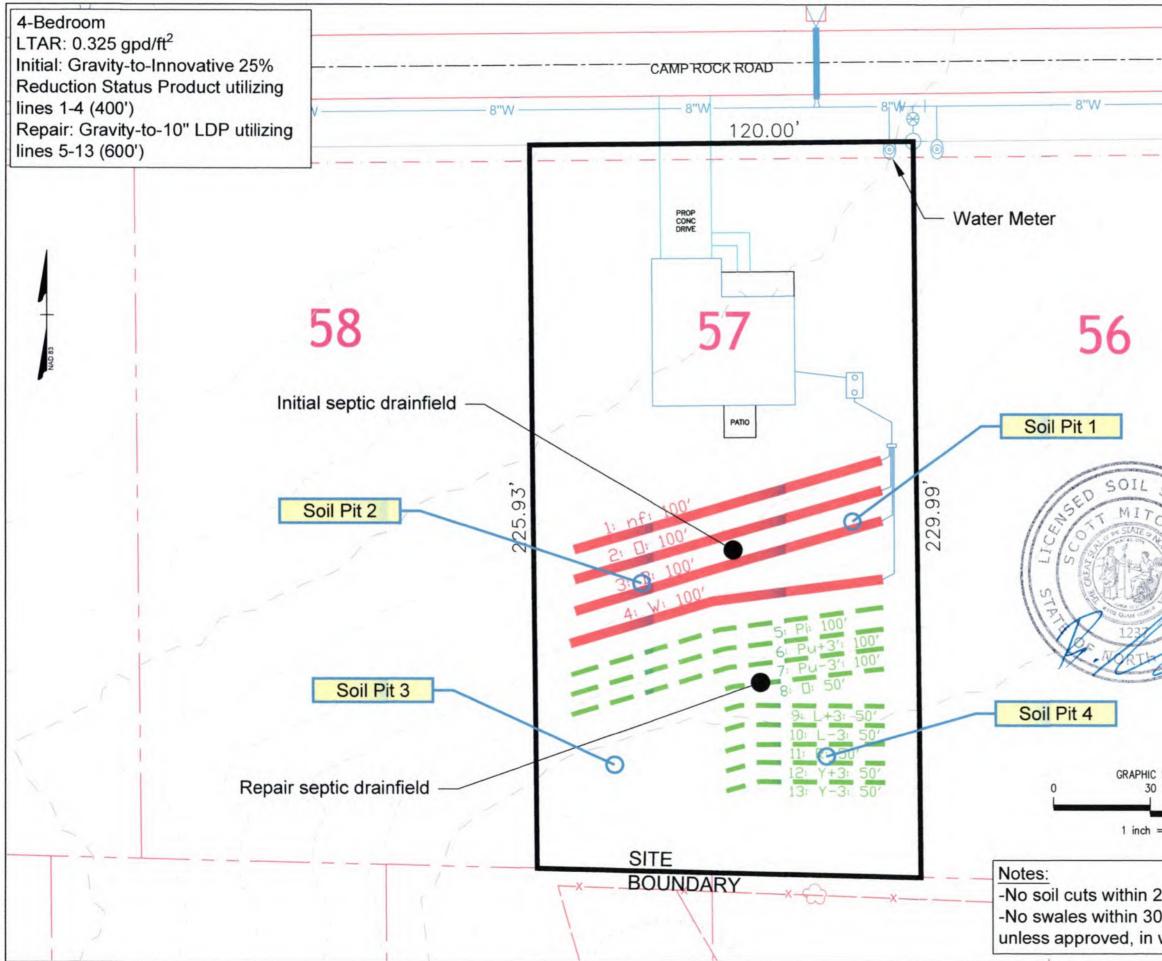
In inches below natural soil surface

HORIZON DEPTH DEPTH OF FILL RESTRICTIVE HORIZON SAPROLITE SOIL WETNESS CLASSIFICATION

Thickness and depth from land surface

In inches from land surface

S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits. 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 S (Suitable) or U (Unsuitable) Show profile locations and other site features (dimensions, reference or benchmark, and North).



	CHEET NIMBED	VITAMION ITATIC	2 3 4	c fo I		Boone Trail Village Lot 57		
	DATE	February 19, 2025						
	REVISION NO.	Original Submittal	Revision 1	Revision 2	Revision 3	Master Set		
2-20-2025	PREPARED FOR : LGI Homes	Suite 560 Raleiah, NC 27612	ATE - Education 2005	NE MIL : FOUND 13, 2020	DESIGNER CONTACT: ADAM AYCOCK, EI	DRAWN BY:	ADAM AYCOCK, EI	
60	4	MITCHELL ENVIRONMENTAL, PA	1162-0	1501 LAKESTONE VILLAGE LANE	SUITE 205			
ptic trenches. tic trenches ingineer.	(1.+		11		AND KANADA ROAK		