



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

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))

lot 52

Property Owner Name: Clayton Properties Group

Property Owner Mailing Address: 2521 Schieffelin Rd., Suite 116, Apex, NC 27502

Property Owner Phone Number: 919-548-9381

Property Owner Email Address: MBURBANO2MUNGO.COM

Applicant Name: Same

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:

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

Permit/File #: _____



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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: 0681-35-6816
Issued To: Clayton Properties Group, 2521 Schieffelin Rd., Suite 116, Apex, NC 27502
Property Location: 91 Bunker Hill Place, Angier
Subdivision (if applicable) Cambridge Reserve Lot #: 52 Block: Section:
LSS Report Provided: Yes [x] No []
If yes, name and license number of LSS: John Kase #1323
New [x] Expansion [] System Relocation [] Change of Use []
Facility Type: Single Family Residence
Number of bedrooms: 4 Number of Occupants: <8 Other:
Design Wastewater Strength: [x] Domestic [] High Strength [] Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.35 Proposed LTAR (Repair): 0.35
Proposed Wastewater System Type*: Ilb-25% reduction Accepted System (Initial) Pump Required: [] Yes [x] No [] May be required
Proposed Wastewater System Type*: Ilb-25% reduction Accepted System (Repair) Pump Required: [] Yes [x] No [] May be required
*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: [x] DSE [] HSE [] NSF/ANSI 40 [] TS-I [] TS-II [] RCW
Saprolite System (Initial): [x] Yes [] 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 Depth to LC (Initial)*: 46 Usable Depth to LC (Repair)*: 46 * Limiting Condition
Max. Trench Depth (Initial)*: 20 Max. Trench Depth (Repair)*: 20 * 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 .0508: Yes [x] No [] Drainfield location meets requirements of Rule .0601: 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. Ensure 6 inches approved fill cover is maintained over system after installation.

Licensed Soil Scientist Print Name: John Kase
Licensed Soil Scientist Signature: [Signature] Date: 2/19/2025

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



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 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

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: Harnett

Pre-Construction Conference Required: Yes No

PIN/Lot Identifier: 0681-35-6816

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

Property Location: 91 Bunker Hill Place, Angier

AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE: John Kase #10060E

Facility Type: Single Family Residence

Number of bedrooms: 4 Number of Occupants: <8 Other: _____

New Expansion Repair System Relocation Change of Use

Basement? Yes No Basement Fixtures? Yes No

Crawl Space? Yes No Slab Foundation? Yes No

Type of Wastewater System* Ilb- Gravity Serial to % Reduction Accepted System (Initial) Ilb-Gravity Serial to 25% Reduction Accepted System (Repair)

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

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

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

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

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

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 380 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.35 gpd/ft² Usable Depth to LC (Initial)*: 46 ^{xLimiting condition}

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

Pump Tank Size (if applicable): NA 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 [.0204(g)]: Yes No Declaration of Restrictive Covenants: Yes No

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

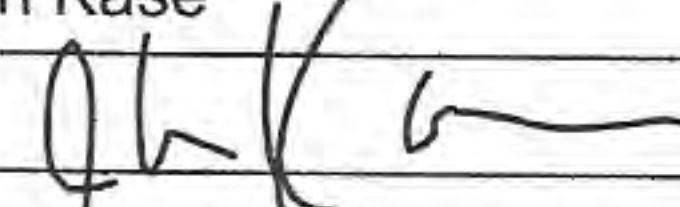
Management Entity Required: Yes No Minimum O&M Requirements: Owner to maintain wastewater system in accordance with rule .1301

Permit conditions:
Install as per detail sheet and map. Do not disturb, compact, rut or cut any soil within the septic drainfield area.
Ensure 6 inches approved soil fill cover over system after installation and maintained.

No changes may be made to the septic system design without approval of the AOWE.

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: John Kase

AOWE/PE Signature: 

Date: 2/19/2025

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: _____ 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

February 19, 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), 91 Bunker Hill Place, Angier, NC 27501, Lot 52, 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 February 18, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a linear slope landscape (5% slope). Soil borings conducted in most of this area consisted of 16 or more inches of loamy sand/sandy loam underlain by clay loam and clay soils to 48 or more inches below the soil surface. Soil wetness and/or parent material (greater than 50%) was not observed shallower than 46 inches below the soil surface (initial and repair system). All other soil characteristics were suitable to at least 48 inches.

Based on soil borings and site conditions, the site would be designated **Suitable** for a gravity distribution to accepted trench subsurface waste disposal drainfield (0.35 gal/day/ft² LTAR; initial system). There is enough suitable soil area to allow for a gravity distribution to accepted subsurface septic system repair (0.35 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

- Initial System-Gravity serial distribution to with Accepted trench product.
- 380 total linear feet, (see septic layout)
- 480 gal/day flow rate (4BR)
- 20" maximum trench depth (measure on downhill side of trench)
- 1000-gallon septic tank (**certified watertight**)
- 0.35 gpd/ft² LTAR
- Repair System- Gravity serial distribution to with Accepted trench product.
- 378 total linear feet, (see septic layout)
- 0.35 gpd/ft² LTAR
- 20" maximum trench depth (measure on downhill side of trench)
- 1000-gallon septic tank (**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



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Cambridge Reserve

LOT 52

INITIAL SYSTEM: Accepted 25% Reduction

REPAIR: Accepted 25% Reduction

DISTRIBUTION: Gravity Serial

DISTRIBUTION Gravity Serial

BENCHMARK: 100.0

LOCATION Water meter box 3.3

NO. BEDROOMS: 4

LTAR 0.35 gpd/ft²

SEPTIC TANK SIZE 1000 Gallons

PUMP TANK SIZE N/A

	<u>LINE</u>	<u>FLAG COLOR</u>	<u>ELEVATION(FT)</u>	<u>LENGTH(FT)</u>
Initial	1	Pink	94.3	80
	2	White	94.1	80
	3	Blue	93.8	80
	4	Yellow	93.4	70
	5	Pink	93.1	70
				Total-380
Repair	6	White	92.9	65
	7	Blue	92.4	65
	8	Yellow	92	60
	9	Pink	91.6	53
	10	White	91.2	50
	11	Blue	90.7	45
	12	Yellow	90.5	40
				Total-378

BY John Kase

DATE 2/18/2025

TYPICAL PROFILE

THERE SHALL BE NO GRADING,

Initial	0-24	LS GR	VFR/NS/NP
	24-42	SCL SBK	FR/SS/SP
	42-48	CL SBK	FR/SS/P

CUTTING, LOGGING OR OTHER SOIL

DISTURBANCE IN SEPTIC AREA

HEALTH DEPARTMENT USE ONLY.

DESIGNS DO NOT GURANTEE FUNCTIONALITY

Repair	0-16	LS GR	VFR/NS/NP
	16-37	CL SBK	FR/SS/SP
	37-48	C SBK	FR/S/P

PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 52, CAMBRIDGE SUBDIVISION

91 BUNKER HILL PLACE

REF: P.B. 2025, PG.7

NEILL'S CREEK TOWNSHIP

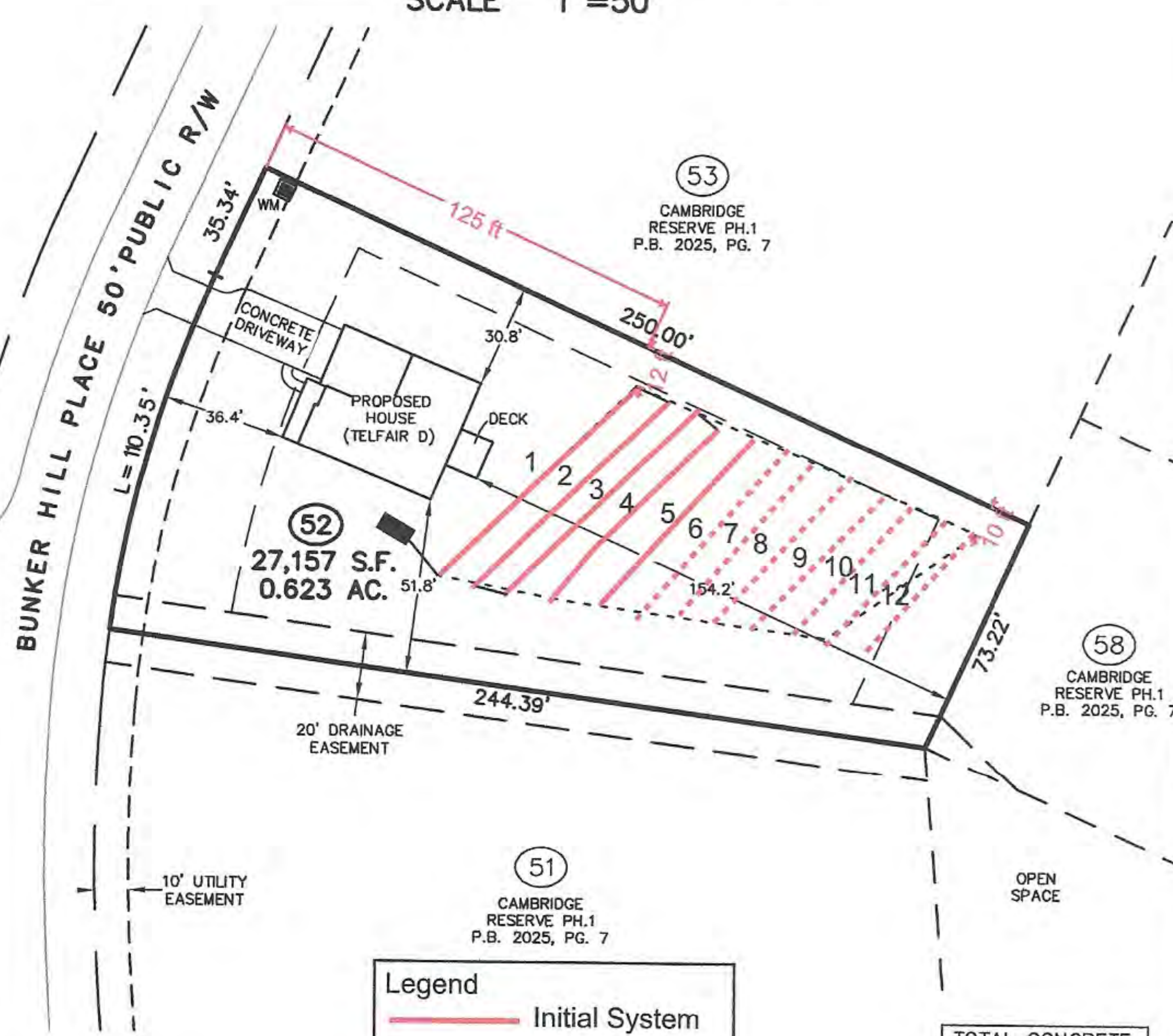
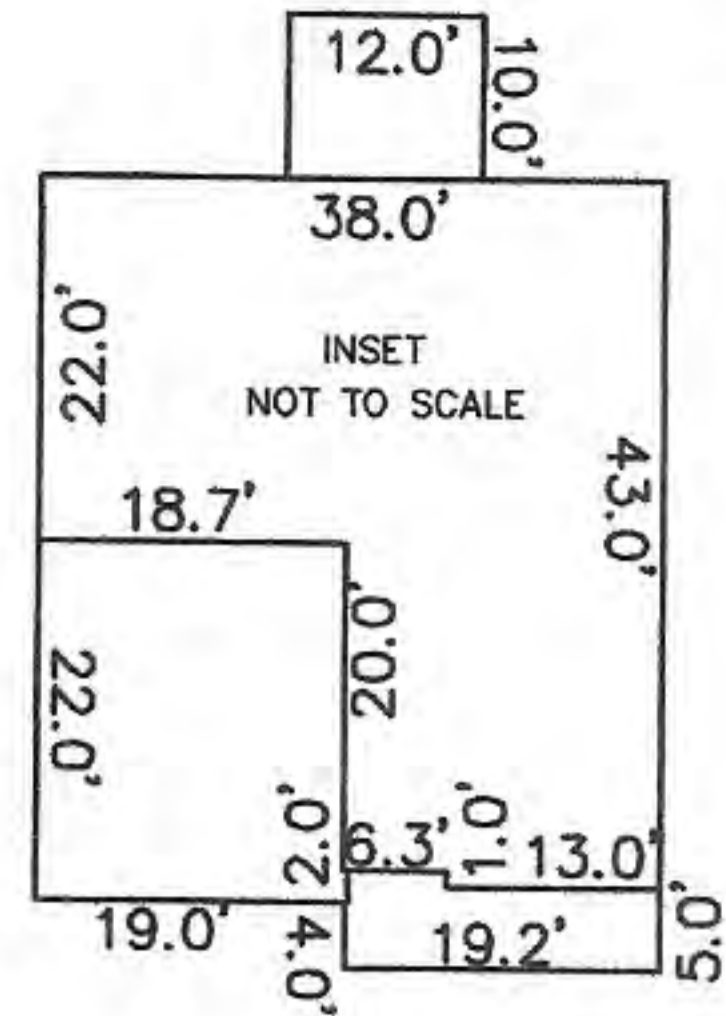
HARNETT COUNTY, NORTH CAROLINA

JANUARY 21, 2025

ZONED RA-30



SCALE 1"=50'



52
27,157 S.F.
0.623 AC.

53
CAMBRIDGE
RESERVE PH.1
P.B. 2025, PG. 7

58
CAMBRIDGE
RESERVE PH.1
P.B. 2025, PG. 7

51
CAMBRIDGE
RESERVE PH.1
P.B. 2025, PG. 7

Legend

— Initial System

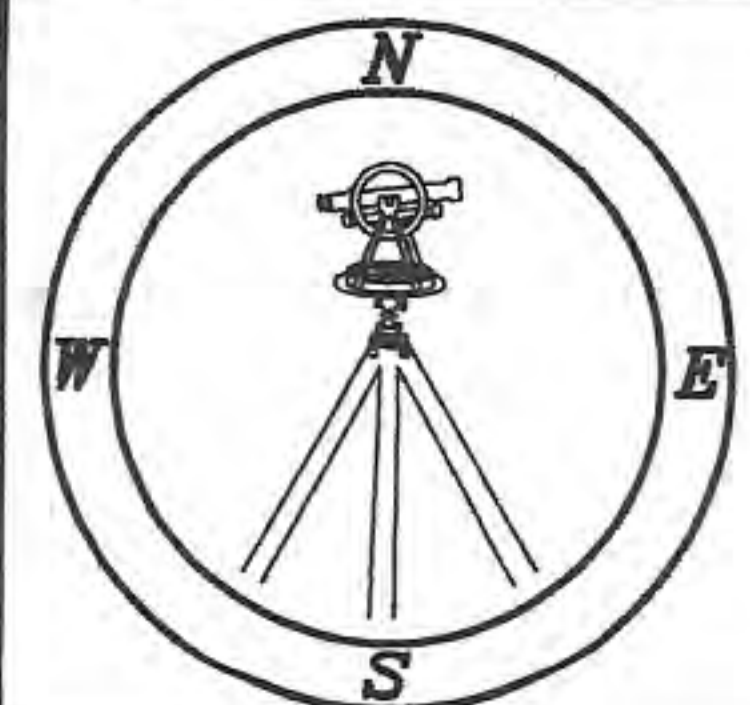
- - - - - Repair System

TOTAL CONCRETE & LANDSCAPE	
CONCRETE	850 S.F.
LANDSCAPE	26,648 S.F.

IMPERVIOUS SURFACE TABLE

HOUSE	1,749 S.F.
DECK	120 S.F.
DRIVEWAY	629 S.F.
SIDEWALKS	31 S.F.
MISC./UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,538 S.F.
TOTAL LOT AREA	27,157 S.F.
PERCENTAGE OF IMPERVIOUS AREA	9.34 %

THIS SURVEYOR DOES NOT WARRANT 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.

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOCIATES, INC.		SOIL/SITE EVALUATION SHEET				Sheet #:		1			
OWNER/APP. NAME:		Clayton Properties Group			SUBDIV./LOT#		Cambridge Reserve Lot 52				
LOCATION OF SITE:		91 Bunker Hill Place, Angier									
COUNTY:		Harnett		PROPERTY ID #:		0681-35-6816		DATE EVALUATED:		2/18/2025	
PROPOSED FACILITY:		SFR		PROPOSED DESIGN FLOW (.0400):		480 gpd		PROPERTY SIZE: 0.62 acres			
WATER SUPPLY:		Public			WATER SUPPLY SETBACK:		10'				
TYPE OF WASTEWATER:			Domestic			EVALUATION METHOD:			Auger		
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	L	0-29	LS/GR	VFR/NS/NP	48	Not Observed	Not Observed	S-0.5			
		39-34	SL/GR	VFR/NS/NP							
	3%	34-48	SCL/SBKm	FR/SS/SP							
	.0502(d) SLOPE CORRECTION										
	1.1"			Not Observed							
2	L	0-24	SL/GR	VFR/NS/NP	48	N.O.	N.O.	S-0.45			
		24-42	SCL/SBKm	FR/SS/SP							
	3%	42-48	CL/SBKm	FR/SS/P							
	.0502(d) SLOPE CORRECTION			Not Observed							
	1.1"										
3	L	0-16	SL/GR	VFR/NS/NP	48	N.O.	N.O.	S-0.3			
		16-34	CL/SBKw	FR/S/P							
	1%	34-46	C/SBKw	FR/S/P							
	.0502(d) SLOPE CORRECTION	46	C/SBKw	FR/S/P					10YR7/2		
	1.1"										
4	L	0-16	SL/GR	VFR/NS/NP	48	N.O.	N.O.	0.4			
		16-37	CL/SBKw	FR/S/P							
	3%	37-48	C/SBKw	FR/S/P							
	.0502(d) SLOPE CORRECTION			Not Observed							
	1.1"										
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	0.350								
Maximum Trench		20"	20"								
Saprolite System:		No	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)	II	SL (Sandy Loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	MOIST	GR (Granular)
FP (Flood Plain)		L (Loam)		0.2 - 0.4		VFR (Very Friable)	SBK (Subangular Blocky)
FS (Foot Slope)	III	SiL (Silt Loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FR (Friable)	WSBK (Weak Subangular Blocky)
H (Head Slope)		SCL (Sandy Clay Loam)		0.05 - 0.15*		FR (Friable)	ABK (Angular Blocky)
L (Linear Slope)		CL (Clay Loam)		N/A		EFL (Extremely Firm)	PL (Platy)
N (Nose Slope)		SiCL (Silty Clay Loam)				WET	PR (Prismatic)
R (Ridge/Summit)	IV	Si (Silt)	0.1 - 0.4	N/A	0.05 - 0.2	NS (Non-Stick)	MA-RCF (Massive Rock Controlled Fabric)
S (Shoulder Slope)		SC (Sandy Clay)				NS (Slightly Sticky)	AR (Auger Refusal)
T (Terrace)	O (Organic)	SIC (Silty Clay)	N/A	N/A	N/A	SS (Slightly Sticky)	OTHER
TS (Toe Slope)		C (Clay)				S (Sticky)	NO (Not Observed)
						VS (Very Sticky)	
						NP (Non-plastic)	
						SP (Slightly Plastic)	
						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 52, CAMBRIDGE SUBDIVISION

91 BUNKER HILL PLACE

REF: P.B. 2025, PG.7

NEILL'S CREEK TOWNSHIP

HARNETT COUNTY, NORTH CAROLINA

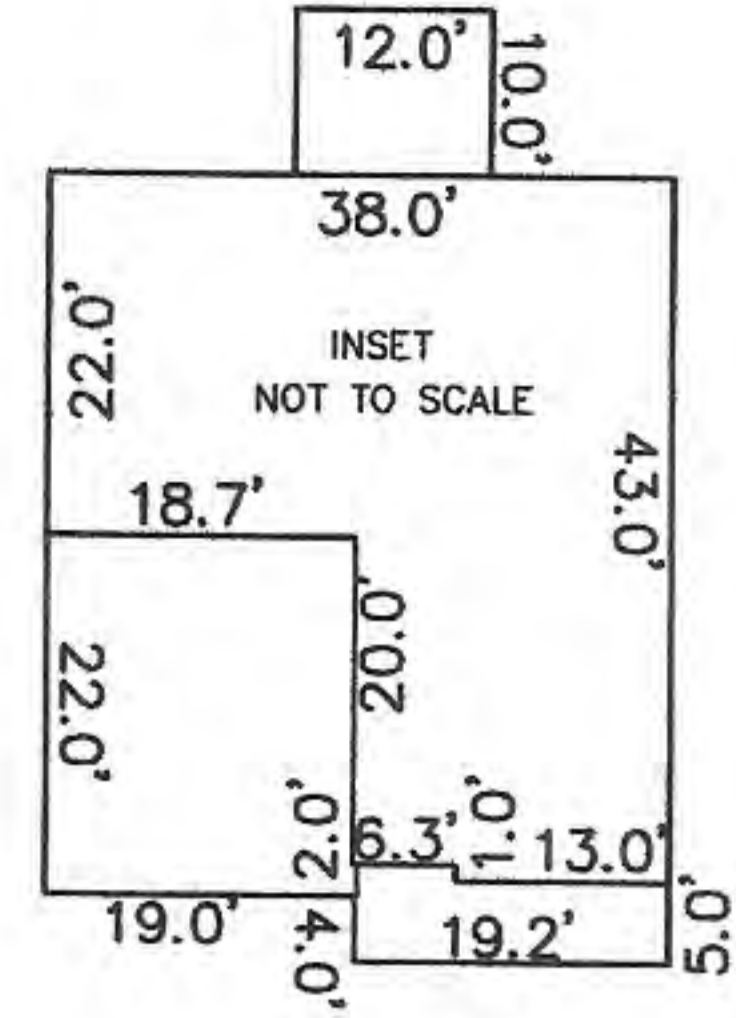
JANUARY 21, 2025

ZONED RA-30

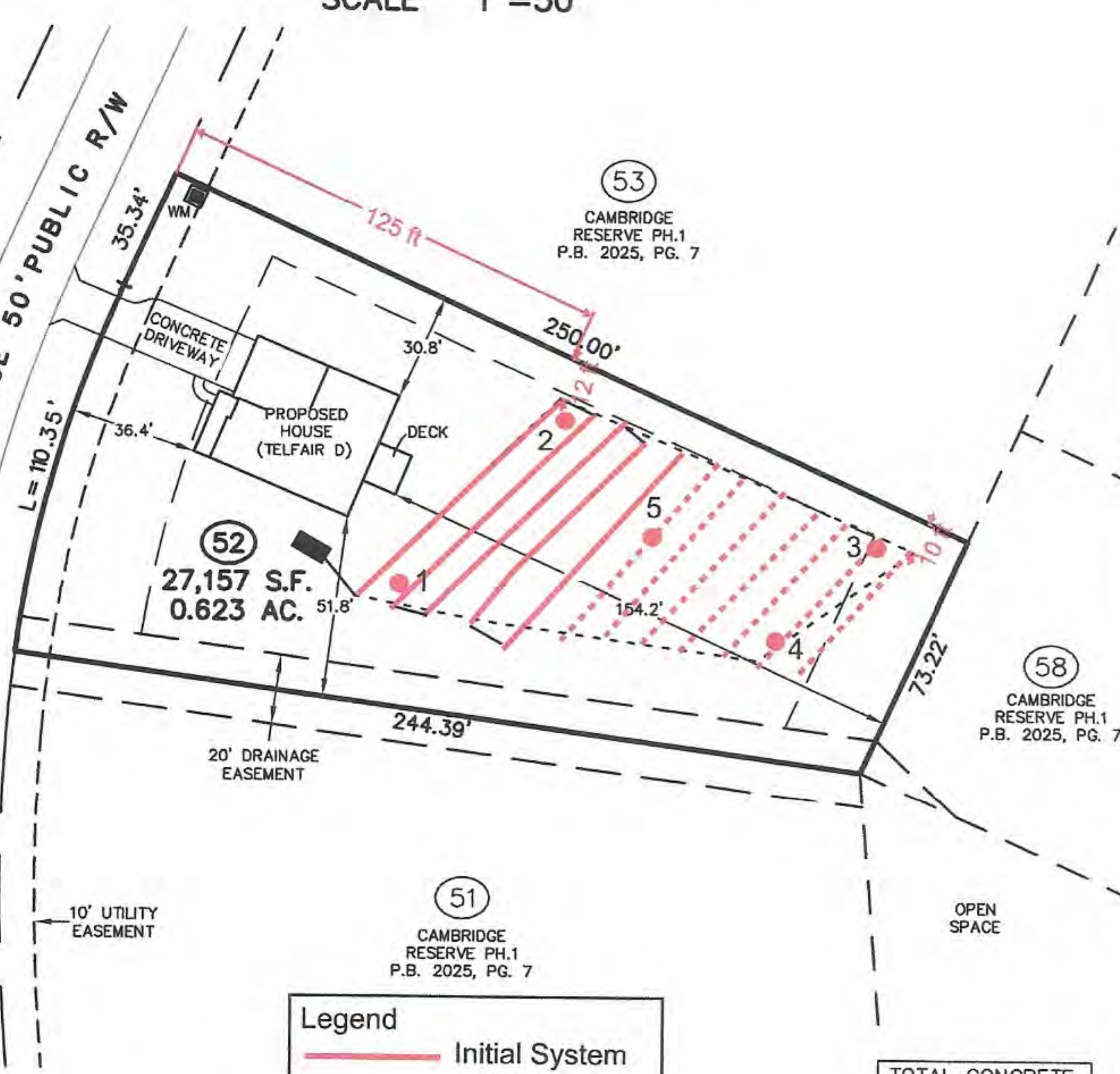
50 25 0 50 100



SCALE 1"=50'



BUNKER HILL PLACE 50' PUBLIC R/W



53
CAMBRIDGE RESERVE PH.1
P.B. 2025, PG. 7

58
CAMBRIDGE RESERVE PH.1
P.B. 2025, PG. 7

51
CAMBRIDGE RESERVE PH.1
P.B. 2025, PG. 7

52
27,157 S.F.
0.623 AC.

Legend

— Initial System

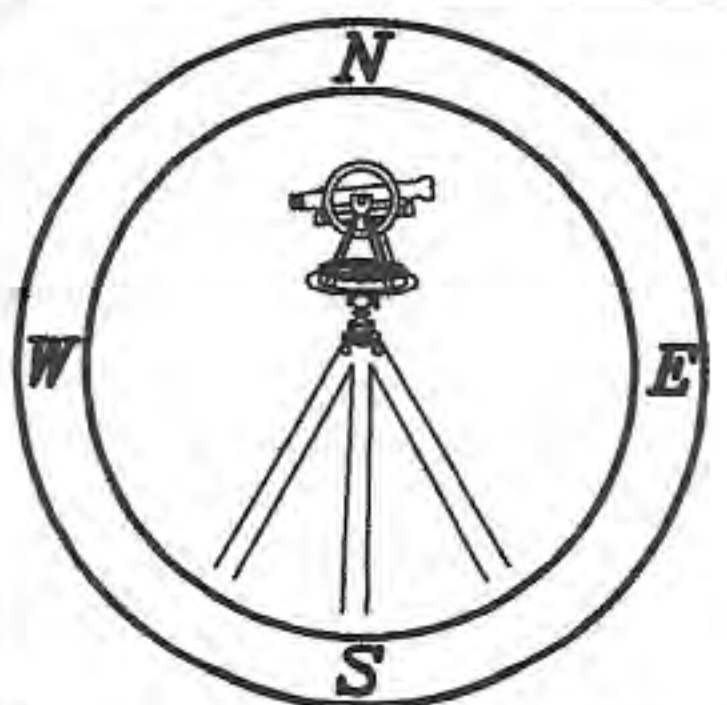
..... Repair System

TOTAL CONCRETE & LANDSCAPE	
CONCRETE	850 S.F.
LANDSCAPE	26,648 S.F.

IMPERVIOUS SURFACE TABLE

HOUSE	1,749 S.F.
DECK	120 S.F.
DRIVEWAY	629 S.F.
SIDEWALKS	31 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,538 S.F.
TOTAL LOT AREA	27,157 S.F.
PERCENTAGE OF IMPERVIOUS AREA	9.34 %

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.