

Permit #: 2603 0008

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: HarnettPIN/Lot Identifier: 0529-97-2418Issued To: BC Wellors KnollProperty Location: Old Fashioned Way, Lillington NC 27546Subdivision (if applicable) 353 Wellors Knoll Lot #: 73 Block: _____ Section: _____LSS Report Provided: Yes ☒ No ☐If yes, name and license number of LSS: Alex Adams

This Section for Local Health Department Use Only

Initial submittal received: 3-3-25 by Mo
Date Initials

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

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

County: Harnett

PIN/Lot Identifier: 0529-97-2418

Issued To: BC Wellers Knoll

Property Location: Old Fashioned Way, Lillington NC 27546

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Alex Adams AOWE#10021E

Facility Type: Single Family
☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Type of Wastewater System* Accepted Status (Initial) PPBPS (Repair)

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

Design

This Section for Local Health Department Use Only

Initial submittal received: 3.3.25 by LD
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

Wellors Knoll Lot 73 4 BR Harnett County

*House footprint to be field staked by surveyor and system verified prior to any construction

**Septic area must not be altered by construction activities.

***No cuts of 2' or greater within 15' of septic area

**** Recommend protective barrier around septic field during construction.

*If plumbing is not sufficient a pump tank will be required to septic field

SCLAE 1" = 40'

INITIAL:
Lines 1-3 (350')
Accepted Status
Gravity Serial
REPAIR:
Lines 4-6 (270')
PPBPS
Gravity Serial

