

Permit/File #: 2503-0146



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Chief Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes: ☒ (a2) Improvement Permit ☒ (a2) Construction Authorization ☐ Fee \$ _____

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

County: Harnett

PIN/Lot Identifier: 0681-44-5788.000

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

Property Location: 59 Sagamore Ave., Angier, NC 27501

Subdivision (if applicable) Cambridge Reserve Lot #: 32 Block: _____ Section: _____

LSS Report Provided: Yes ☒ No ☐

If yes, name and license number of LSS: Michael D. Eaker, 1030

New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single Family Dwelling

Number of bedrooms: 4 Number of Occupants: 6 or less Other: _____

Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.35 gpd/ft2 Proposed LTAR (Repair): 0.35 gpd/ft2

Proposed Wastewater System Type*: Accepted (25% reduction) (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required

Proposed Wastewater System Type*: Accepted (25% reduction) (Repair) Pump Required: ☐ Yes ☒ No ☐ May be required

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

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

Saprolite System (Initial): ☐ Yes ☒ No Saprolite System (Repair): ☐ Yes ☒ No

Fill System (Initial): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)*: 34" Usable Depth to LC (Repair)*: 34" * Limiting Condition

Max. Trench Depth (Initial)*: 20" Max. Trench Depth (Repair)*: 20" * 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:

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.

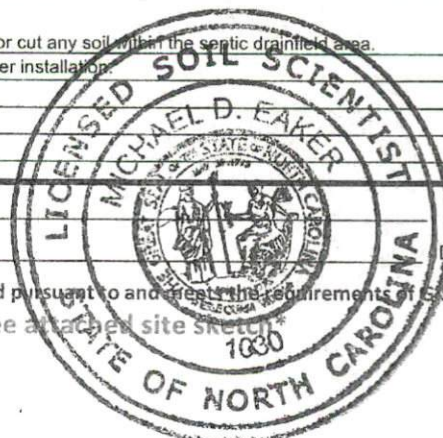
Licensed Soil Scientist Print Name: Michael D. Eaker

Licensed Soil Scientist Signature: [Signature]

Date: 03/18/2025

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: 3-24-25 by RL
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: [Signature] DEHS Date: 3-27-25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 3-27-30

See attached site sketch

Permit/File #: 2503-0146**CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)**County: HarnettPre-Construction Conference Required: Yes ☐ No ☐PIN/Lot Identifier: 0681-44-5788.000 - Cambridge Reserve, Lot 32Issued To: Clayton Properties Group, 2521 Schieffelin Rd., Suite 116, Apex, NC 27502Property Location: 59 Sagamore Ave., Angier, NC 27501AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Michael D. Eaker 10013EFacility Type: Single Family DwellingNumber of bedrooms: 4 Number of Occupants: 8 or less Other: _____☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of UseBasement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ NoCrawl Space? ☒ Yes ☐ No Slab Foundation? ☒ Yes ☐ NoType of Wastewater System* Accepted (25% reduction) (Initial) Accepted (25% reduction) (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 WWSession 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 ☐ RCWType 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: 345 feet Trench/Bed Spacing: 9 feet on centerTrench/Bed Width: 36 inches LTAR: 0.35 gpd/ft² Usable Depth to LC (Initial)*: 34 ^{*Limiting 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 ☒ NoEasement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☒ NoManagement Entity Required: ☐ Yes ☒ No Minimum O&M Requirements: _____**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.



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: Michael D. EakerAOWE/PE Signature: [Signature] Date: 03/18/2025

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

See attached site sketch

1,673 S.F.