



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))

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: \_\_\_\_\_

**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



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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: \_\_\_\_\_

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 ☐

Facility Type: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

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

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 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)\*: \_\_\_\_\_ Usable Depth to LC (Repair)\*: \_\_\_\_\_ **\* Limiting Condition**

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 .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)]

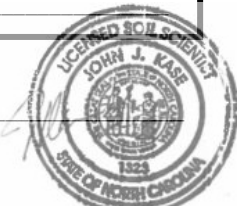
Permit conditions:

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\***



## ***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:

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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:

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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: \_\_\_\_\_

Pre-Construction Conference Required: Yes ☐ No ☐

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: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ 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\* \_\_\_\_\_ (Initial) \_\_\_\_\_ (Repair)

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

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

Trench/Bed Width: \_\_\_\_\_ inches LTAR: \_\_\_\_\_ gpd/ft<sup>2</sup> Usable Depth to LC (Initial)\*: \_\_\_\_\_ **\*Limiting condition**

Soil Cover: \_\_\_\_\_ inches Slope Corrected Maximum Trench/Bed Depth\*: \_\_\_\_\_ inches **\*Measured on the downhill side of the trench**

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 [.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: \_\_\_\_\_

Permit conditions:

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: \_\_\_\_\_

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 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:

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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:

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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](mailto:mike@southeasternsoil.com)

March 31, 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), 18 Atherton Circle, Angier, NC 27501, Lot 37, 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 March 27, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a footslope landscape (7% slope). Soil borings conducted in most of this area consisted of 24 or more inches of sandy loam underlain by 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 42 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 flow to accepted subsurface waste disposal drainfield (0.4 gal/day/ft<sup>2</sup> LTAR; initial system). There is enough suitable soil area to allow for a gravity flow to accepted subsurface septic system repair (0.4 gal/day/ft<sup>2</sup>). 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**

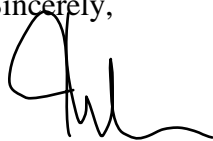
- 480 gal/day flow rate (4BR)
- Initial System: Gravity flow to distribution box with 25% Reduction Trenches (300', see septic layout)
- 18" maximum trench depth (initial system)

- 0.4 gpd/ft<sup>2</sup> LTAR
- 1000-gallon septic and pump tank (**certified watertight**)
- Repair System: Gravity flow to distribution box with 25% Reduction Trenches (300', see septic layout)
- 18" maximum trench depth (initial system)
- 0.4 gpd/ft<sup>2</sup> LTAR
- 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 37, CAMBRIDGE SUBDIVISION

18 ATHERTON CIRCLE

REF: P.B. 2025, PG.7

NEILL’S CREEK TOWNSHIP

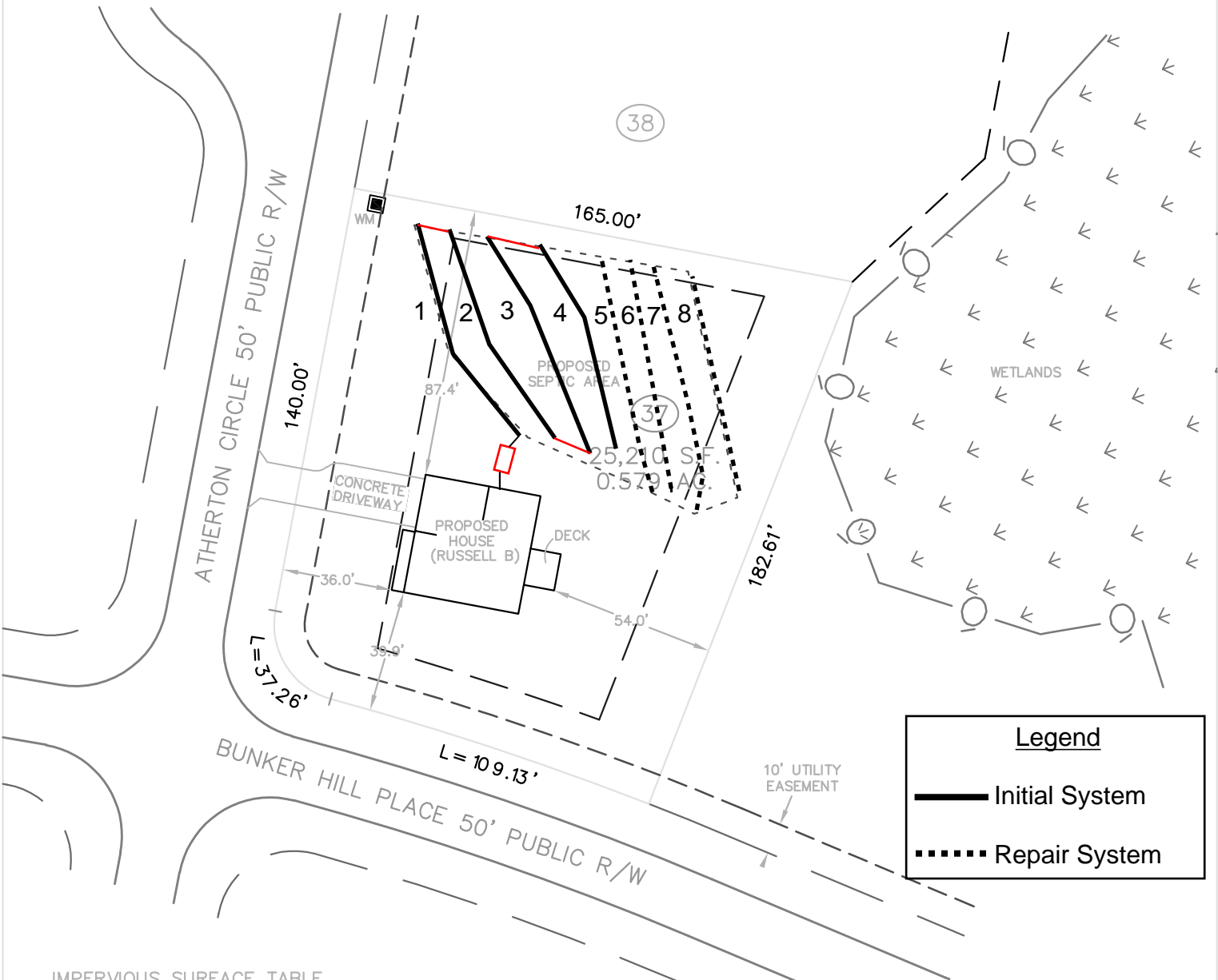
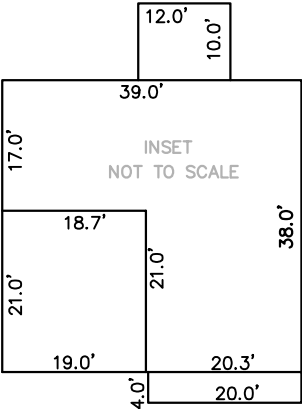
HARNETT COUNTY, NORTH CAROLINA

FEBRUARY 12, 2025

ZONED RA-30



SCALE 1"=50'



**Legend**

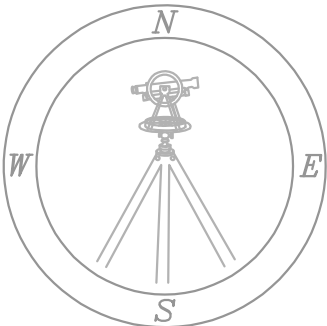
— Initial System

- - - - - Repair System

IMPERVIOUS SURFACE TABLE	
HOUSE	1,562 S.F.
DECK	120 S.F.
DRIVEWAY	608 S.F.
SIDEWALKS	31 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,330 S.F.
TOTAL LOT AREA	25,210 S.F.
PERCENTAGE OF IMPERVIOUS AREA	9.28 %

TOTAL CONCRETE & LANDSCAPE	
CONCRETE	832 S.F.
LANDSCAPE	25,632 S.F.

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



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 37			
LOCATION OF SITE:		18 Atherton Circle, Angier								
COUNTY:		Harnett		PROPERTY ID #:		0681-45-6137		DATE EVALUATED:		
PROPOSED FACILITY:		SFR		PROPOSED DESIGN FLOW (.0400):		480		PROPERTY SIZE		
WATER SUPPLY:		Public		WATER SUPPLY SETBACK:		10'		0.6 acres		
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	0-24	SL/GR	VFR/NS/NP	37	Not Observe d	Not Observe d	S-0.4		
		24-28	CL/SBK	FR/SS/P						
	7%	28-35	CL/SBK	FR/S/P						
	.0502(d) SLOPE CORRECTION	35-37	SL/GR	VFR/NS/NP						
	2.5"	37	Auger Refusal							
2	L	0-26	LS / Gr	VFR/NS/NP	N.O.	N.O.	S-0.4			
		26-34	SCL / SBK	FR/SS/SP						
	7%	34-42	CL/SL MIX	FR/S/P						
	.0502(d) SLOPE CORRECTION	42	CL/SBK	FR/S/P				10YR7/2		
	2.5"									
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	0-28	LS / Gr	VFR/NS/NP	48	N.O.	N.O.	S - 0.5		
		28-34	CL/SBK	FR/SS/P						
	8%	34-48	SCL/SBK	FR/SS/SP						
	.0502(d) SLOPE CORRECTION								Not Observed	
	3"									
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:		0.400	0.400							
Maximum Trench		20"	20"							
Saprolite System:		No								
Comments:		Trench bottoms depth measure on downslope side of trench..								

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOCIATES, INC.			SOIL/SITE EVALUATION SHEET				Project #:		0	
							Sheet #:		2	
OWNER/APP. NAME:			Clayton Properties Group			SUBDIV./LOT#		Cambridge Reserve Lot 37		
LOCATION OF SITE :			18 Atherton Circle, Angier							
COUNTY:		Harnett		PROPERTY ID #:		0681-45-6137		DATE EVALUATED:		3/27/2025
PROPOSED FACILITY		SFR		PROPOSED DESIGN FLOW (.400):		480		PROPERTY SIZE		
WATER SUPPLY:		Public		WATER SUPPLY SETBACK:		10'				
TYPE OF WASTEWATER:			Domestic			EVALUATION METHOD:			Auger	
P R O F I L E  #	.502 LANDSCAP E POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.503)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR	
			.503 STRUCTURE/ TEXTURE	.503 CONSISTENCE/ MINERALOGY	.504 SOIL WETNESS/ COLOR	.505 SOIL DEPTH	.506 SAPRO CLASS	.0507 RESTR HORIZ		
5	L	0-29	LS / Gr	VFR/NS/NP						
		29-40	CL/SBK	FR/SS/P						
	7%	40-42	C/SBK	FR/S/P			N.O.	N.O.	S-0.4	
	.0502(d) SLOPE CORRECTION	42	C/SBK	FR/S/P	10YR7/2					
	2.5"									
	.0502(d) SLOPE CORRECTION									
	.0502(d) SLOPE CORRECTION									
	.0502(d) SLOPE CORRECTION									
Comments:										



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	<b>MOIST</b>	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)				<b>WET</b>	AR (Auger Refusal)
T (Terrace)		Si (Silt)				NS (Non-Stick)	
TS (Toe Slope)						SS (Slightly Sticky)	<b>OTHER</b>
	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)	
<b>NOTES:</b>							
SAPROLITE*	*Sandy clay loam sapolite 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/ft2							



PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 37, CAMBRIDGE SUBDIVISION

18 ATHERTON CIRCLE

REF: P.B. 2025, PG.7

NEILL’S CREEK TOWNSHIP

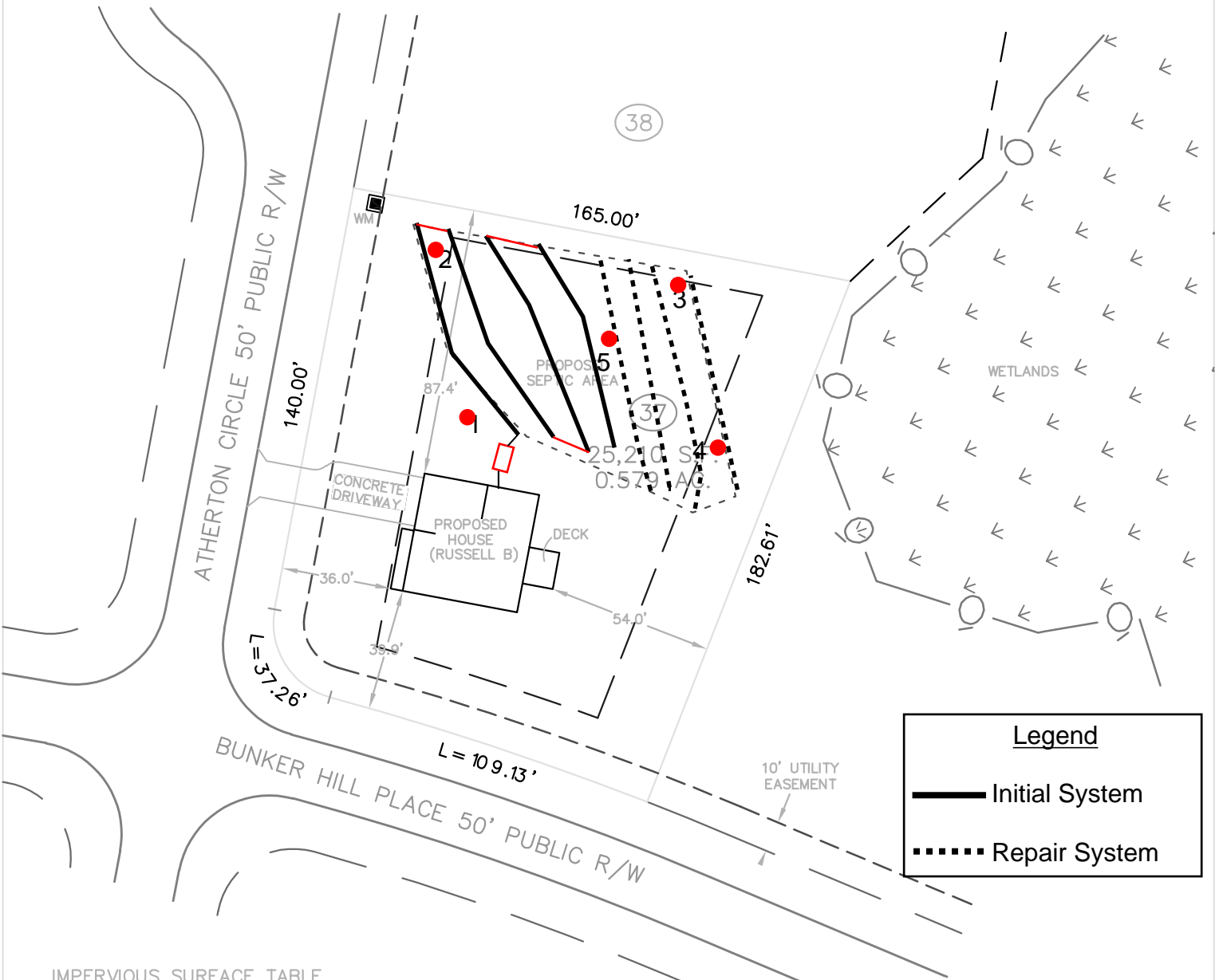
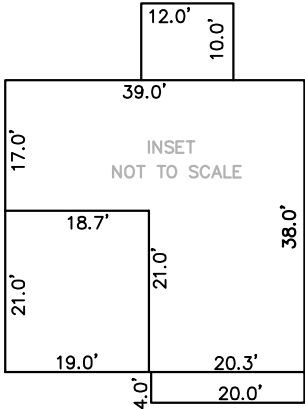
HARNETT COUNTY, NORTH CAROLINA

FEBRUARY 12, 2025

ZONED RA-30



SCALE 1"=50'



Legend

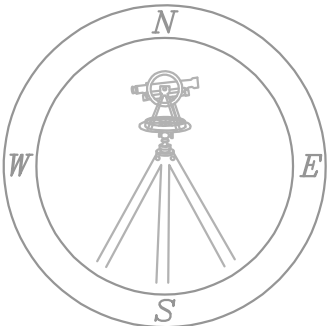
Initial System

Repair System

IMPERVIOUS SURFACE TABLE	
HOUSE	1,562 S.F.
DECK	120 S.F.
DRIVEWAY	608 S.F.
SIDEWALKS	31 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,330 S.F.
TOTAL LOT AREA	25,210 S.F.
PERCENTAGE OF IMPERVIOUS AREA	9.28 %

TOTAL CONCRETE & LANDSCAPE	
CONCRETE	832 S.F.
LANDSCAPE	25,632 S.F.

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



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.