

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: 95	588-75-0293
Issued To: Smith D	
	PINE VISTA WAY SANFORD NC 27332
	BRIARWOOD BLUFF Lot #: LOT 28 Block: Section:
LSS Report Provided: \	res No No
If yes, name and licens	e number of LSS: Stephen W Bristow # 1167
New 🔳	Expansion System Relocation Change of Use
Number of bedrooms:	Number of Occupants: 6 Other:
Design Wastewater Str	
	Flow: 360 GPD Proposed LTAR (Initial):40 Proposed LTAR (Repair):40
	System Type*: IIIb (Initial) Pump Required: ☐ Yes ■ No ☐ May be required
	System Type*: IIIb (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 (Initia	al):  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 (In	itial) <sup>x</sup> : 48 Usable Depth to LC (Repair) <sup>x</sup> : 48 ** Limiting Condition
Max. Trench Depth (In	itial)‡: 33
Artificial Drainage Req	uired: Yes No If yes, please specify details:
Type of Water Supply:	☐ Private well ☐ Public well ☐ Shared well ■ Municipal Supply ☐ Spring ☐ Other:
Drainfield location me	ets requirements of Rule .0508: Yes  No Drainfield location meets requirements of Rule .0601: Yes No Drainfield location meets requirements of Rule .0601: Yes
Permit valid for:  Five	ve years [site plan submitted pursuant to GS 130A-334(13a)] 🔲 No expiration [plat submitted pursuant to GS 130A-334(7a)]
Chamber product is sp	ing to change this permit at construction-919-906-4737 ecified by this permit- however, EZ Flow product can be used as a direct replacement. ks are specified by this permit-however, any State approved 1000g concrete tanks can be used as a direct replacement for the 1060
Licensed Soil Scientist	Print Name: Steve Bristow #1167
Licensed Soil Scientist	1) 2 1.

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

\*See attached site sketch\*





Permit/File #: 2505: OIII

## This Section for Local Health Department Use Only

	Initial submittal received:	<u>4-35</u> Date	by <u>UD</u> Initials	
G.S. 130A-335(a3) states the follo	owing:			
department, the common form developed within five business days of receiving the Permit includes all of the required compon shall notify the applicant of the componer department to cure the deficiencies in the is complete within five business days after	ermit submits to a local health department of by the Department, and a soil evaluation propplication, conduct a completeness reviewments. If the local health department determits needed to complete the Improvement Permit. The local health department receives the action, the applicant may treat the failure to the Permit.	ursuant to subse of the submittal. nines that the Impermit. The applicant the stall maidditional informations.	ction (a2) of this sec A determination of provement Permit is ant may submit addi ke a final determina ation from the applic	tion, the local health department shall, completeness means that the Improvement incomplete, the local health department tional information to the local health tion as to whether the Improvement Permit tant. If the local health department fails to
The review for completeness of t Permit is determined to be:	his Improvement Permit was condu	ucted in accor	rdance with G.S.	130A-335(a3). This Improvement
☐ Incomplete (If box is checked	d, information in this section is requ	ired.)		
The following items are missing:				
			11	
Copies of this were sent to the LS	S and the Applicant on	,		
State Authorized Agent:				Date:
Complete State Authorized Agent:	Mah an REH			Date: 5-16-25
attached here. The issuance of t for checking with appropriate go plat, or the intended use change	ed pursuant to G.S. 130A-335 (a2) this permit in no way guarantees the overning bodies in meeting their research the Improvement Permit shall with the provisions of 15A NCAC 18	he issuance o equirements. not be affecte	of other permits This permit is su ed by a change i	. The permit holder is responsible ubject to revocation if the site plan in ownership of the site. This
any liabilities, duties, and respon	nt's authorized agents, and the locansibilities imposed by statute or in ns from a licensed soil scientist or	common law	from any claim	arising out of or attributed to
Improvement Permit Expiration	Date: 5-16.30			

\*See attached site sketch\*



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

County: Harr	nett	Pre-Construction Conference Required: Yes ■ No □
PIN/Lot Identifi	ier: 9588-75-02	293
Issued To: Sn	nith Douglas H	Homes
Property Locat	ion: 64 PINE VI	ISTA WAY SANFORD NC 27332
AOWE/PE Plans	s/Evaluations Provide	ded: Yes No If yes, name and license number of AOWE/PE: Steve Bristow # 10012E
Facility Type:		
Number of bed	irooms: 3 Nur	mber of Occupants: 6 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 Waster	water System* IIIb	(Initial) <u>IIIb</u> (Re
*Please include	system classification	on for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Design Daily Flo	ow: 360	GPD Wastewater Strength: ■ Domestic
The state of the s	014-120 Section 53, E provide engineering d	Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies?   Yes  No  documentation)
Effluent Standa	ard: 🔳 DSE 🔲 H	HSE NSF/ANSI 40 TS-I TS-II RCW
Type of Water	Supply: Private w	well Public well Shared well Municipal Supply Spring Other:
Installation Re	quirements/Condition	ions
Septic Tank Siz	e: 1060 gallor	ons Total Trench/Bed Length: 270 feet Trench/Bed Spacing: 9 feet on center
		es LTAR: .40 gpd/ft² Usable Depth to LC (Initial)x: 48 xLimiting conditio
		Corrected Maximum Trench/Bed Depth <sup>‡</sup> : 33 inches * Measured on the downhill side of the trench
		gallons Requires more than 1 pump? Yes No
		OH vs. 27.4 GPM Grease Trap Size (if applicable): gallons
		□ D-Box or Parallel ■ Pressure Manifold(s) □ LPP □ Other:
Artificial Draina	age Required: Yes	No ■ If yes, please specify details:
Legal Agreeme	ents (If the answer is	"Yes" to any type of legal agreements, please attach a copy of the agreement.)
Multi-party Agi	reement Required [.0	0204(g)]: Yes No Declaration of Restrictive Covenants: Yes No
Easement, Righ	nt-of-Way, or Encroad	achment Agreement Required [.0301(b)]: Yes No
Management E	ntity Required: 🔲	Yes No Minimum O&M Requirements:
Dormit condi	tions:	
Permit condi Call for an at sit		nis permit at construction-919-906-4737
		permit-however, EZ Flow product can be used as a direct replacement.  If by this permit-however, any State approved 1000g concrete tanks can be used as a direct replacement for the 1060
		Toy this permittanement, any state approved 1000g concrete tanks can be used as a direct replacement for the 1000
The 1060 Infiltra		

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: Steve Bristow 10012E Date: \_3/31/25 AOWE/PE Signature: \_

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

\*See attached site sketch\*



Permit/File #: 2505-01 M

## This Section for Local Health Department Use Only

Initial submittal received: 5. JU-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 State Authorized Agent: \_\_ Complete Date of Issuance: 5-16-25 REHS State Authorized Agent: 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. 5-16-30 Construction Authorization Expiration Date:

\*See attached site sketch\*

## Briarwood Bluff Lot 28 System Detail









