



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: 0538-79-8644.000							
Issued To: Clayton Properties Group, 2521 Schieffelin Rd., Suite 116, Apex, NC 27502							
Property Location: 122 Harriette Ct., Lillington, NC 27546							
Subdivision (if applicable) Leander Lee Preserve Lot #: 68 Block: Section:							
LSS Report Provided: Yes No 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: 8 or less Other:							
Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater							
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.30 gpd/ft2 Proposed LTAR (Repair): 0.30 gpd/ft2							
Proposed Wastewater System Type*: Pump to Accepted (25% reduction) (Initial) Pump Required: Yes No May be required							
Proposed Wastewater System Type*: Pump to 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 plant.							
Usable Depth to LC (Initial)x: 27" Usable Depth to LC (Repair)x: 29" * Limiting Condition							
Max. Trench Depth (Initial)*: 13" Max. Trench Depth (Repair)*: 15" *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 an within the septic distalled area. Add 6 inches approved fill cover is maintained over system after installed on the septic distalled on the septic							
Licensed Soil Scientist Print Name: Michael D. Eaker Licensed Soil Scientist Signature: Date: 05/23/2025							
The LSS evaluation is being submitted pursuant to and mater the requirements of G.S. 130A-335(a2).							
See frached site skerch Revised January 20. Form A2CF-24							





This Section for Local Health Department Use Only

Initial submittal received: 5 30 25 by Mo

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 according to be:	ordance with G.S. 130A-335(a3). This Improvement
☐ 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	_
State Authorized Agent:	Date:
State Authorized Agent: Mall REHS	Date: 6-3-75
This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) usi attached here. The issuance of this permit in no way guarantees the issuance for checking with appropriate governing bodies in meeting their requirements plat, or the intended use changes. The Improvement Permit shall not be affect permit is subject to compliance with the provisions of 15A NCAC 18E and to the	of other permits. The permit holder is responsible s. This permit is subject to revocation if the site plane ted by a change in ownership of the site. This
The Department, the Department's authorized agents, and the local health de any liabilities, duties, and responsibilities imposed by statute or in common la evaluations, submittals, or actions from a licensed soil scientist or licensed geo	w from any claim arising out of or attributed to
Improvement Permit Expiration Date: 6-7-30	
See attached site sketo	ch



Permit/File #: 2505. 1218

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

County: Harnett Pre-Construction Conference Required: Yes No							
PIN/Lot Identifier: 0538-79-8644.000 - Leander Lee Preserve Lot 68							
Issued To: Clayton Properties Group, 2521 Schieffelin Rd., Suite 116, Apex, NC 27502							
Property Location: 122 Harriette Ct., Lillington, NC 27546							
AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE: Michael D. Eaker 10013E							
Facility Type: Single Family Dwelling							
Number of bedrooms: 4 Number of Occupants: 8 or less Other:							
■ New							
Basement? Yes No Basement Fixtures? Yes No							
Crawl Space? Yes No Slab Foundation? Yes No							
Type of Wastewater System* Pump to Accepted (25% reduction) (Initial) Pump to 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 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: 410 feet Trench/Bed Spacing: 9 feet on center							
Trench/Bed Width: 36 Inches LTAR: 0.30 gpd/ft² Usable Depth to LC (Initial)x: 27" xLimiting condition							
Soil Cover: 6+ inches Slope Corrected Maximum Trench/Bed Depth [‡] : 13 inches * Measured on the downhill side of the trench							
Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? Yes No							
Pump Requirements: 12.10 ft. TDH vs. 41.03 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: 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. Certification Number 10013E							
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. <u>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</u> 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. Eaker							
AOWE/PE Signature: Date: 05/23/2025							
This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).							

See attached site sketch



remmyrne #. 2505. OCB

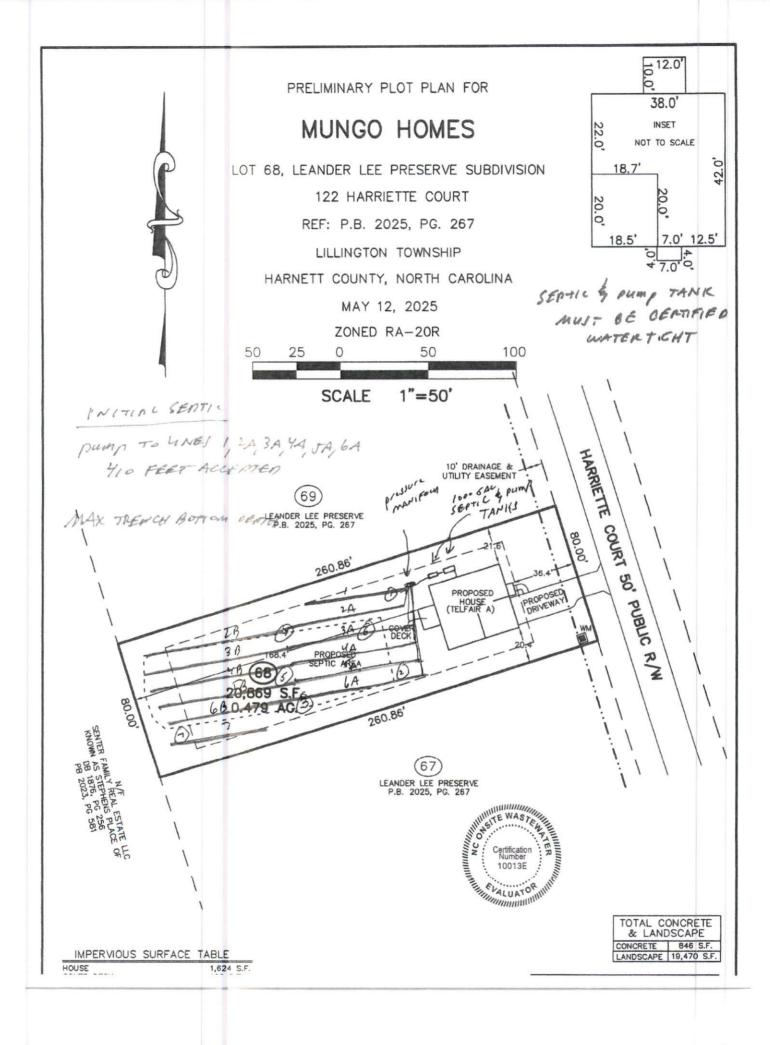
This Section for Local Health Department Use Only

Initial submittal received: 5130125 by MO 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 deportment 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	n Authorization was conducted in accordan	nce with G.S. 130A-335(a5). This
Construction Authorization is determined to be:		
Incomplete (If box is checked, information in	n this section is required.)	
The following items are missing:		
Copies of this were sent to the AOWE/PE and the		
State Authorized Agent.	Date	Data
State Authorized Agent:		Date:
Complete n// /	/	
State Authorized Agent:	-REHS	Date of Issuance: 8-3-21
This Construction Authorization is issued pursus		
attached here. This Construction Authorization Construction Authorization shall not be affected		
to compliance with the provisions of the Laws a		
The Department the Department's such spired	annute and the least beattle deventurents	shall be discharged and released from
The Department, the Department's authorized any liabilities, duties, and responsibilities impos		
plans, evaluations, preconstruction conference		The state of the s
the General Statutes as a licensed engineer or a		
Authorized On-Site Wastewater Evaluator in GS agents, and the local health departments shall I		
obligations under State law or rule, including th		
Construction Authorization Expiration Date:	6-7-30	
_		
	See attached site sketch	



RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # Leander Lee Lot 68

2

187

ft

gals,

Design Head:

Dosing Volume:

Comments:

of BDR: 4 Daily Flow: 480 gal/day L.T.A.R.: 0.3000 gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 1230 System Type: Accepted

6

Number of Taps: 6 Length of Trenches: ft(See Tap Chart for Details) 410

Depth of Trenches: <u>13</u> in Manifold Length: 54 in

side(s) of manifold Manifold Diameter: Tap Configuration: 6 in spacing 4in sch 80pvc

Supply Line: length: 40 ft Diameter: 2 in sch 40pvc

ft(supply line length + 70' for fittings in pump tank) Friction Loss + Fitting Loss: 4.10

Elevation Head:

Total Head: Pump to Deliver: 41.03 gals/min at 12.10 ft head 12.10 ft

Drawdown: 187 gals divided by 20 gals/in = 9.3 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined

by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark	5	is = 100.00	Top Stake Front	Corner 67/68			Design Head:	2			
Pump tank elev.		6	99.00	Pump elev.	94.00		Manifold elev.	97.20			
						- "				# of Panels	Spacing of
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	(PPBPS)	Panels (in)
1	0	8.80	96.20	60	1/2in SCH 80	5.48	64.11	180	0.3562		
2A	P	8.90	96.10	70	1/2in SCH 40	7.11	83.18	210	0.3961		
3A	L	9.20	95.80	70	1/2in SCH 40	7.11	83.18	210	0.3961		
4A	P	9.40	95.60	70	1/2in SCH 40	7.11	83.18	210	0.3961		
SA	L	9.60	95.40	70	1/2in SCH 40	7.11	83.18	210	0.3961		
6A	P	9.90	95.10	70	1/2in SCH 40	7.11	83.18	210	0.3961		
			105.00			0	0.00	0	#DIV/01		
			105.00			0	0.00	0	#DIV/0!		
			105.00			0	0.00	0	#DIV/0!		
			105.00			0	0.00	0	#DIV/0!		
			Total Feet =	410	gal/min =	41.03		LTAR =	0.3000		
			Feet Required =	400	Velocity =	3.92		(ltar + 5%)	0.3150		
Total # of Panels ((PPBPS)			Des. Flow	480			(Itar w/25% red)	0.4000		
% of Dose Vol.		70		Pump Run=	11.70			(Itar + 5%)	0.4200		
Dose Volume		187		Tank Gal/IN	20						
Dose Pump Time		4.55		Elev. Head	6						
Drawdown in Inch	ies	9.3									