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)

Lot 63

Property Owner Name: Clayton Properties Group
Property Owner Mailing Address: 2521 Schieffelin Rd., Suite 116, Apex, NC 27502
Property Owner Phone Number: 919-548-9381
Property Owner Email Address: MBURBANO2MUNGO.COM

Applicant Name: Same
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: _____

Permit/File #: _____

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: 0538-79-9169.000

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

Property Location: 214 Harriette Ct., Lillington, NC 27546

Subdivision (if applicable) Leander Lee Preserve Lot #: 63 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: 3 Number of Occupants: 6 or less Other: _____

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

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.30 gpd/ft2 Proposed LTAR (Repair): 0.30 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)[x]: 27" Usable Depth to LC (Repair)[x]: 26" ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 14" Max. Trench Depth (Repair)[‡]: 13" ***[‡] 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.

Add 6 inches approved fill cover over system after installation.

NC ONSITE WASTEWATER EVALUATOR
Certification Number 10013E

LICENSED SOIL SCIENTIST
MICHAEL D. EAKER
STATE OF NORTH CAROLINA
1030

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 meets the requirements of G.S. 130A-335(a2).

See attached site sketch

Permit/File #: _____

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

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Permit/File #: _____

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:

_____

_____

_____

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:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: _____

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

County: Harnett **Pre-Construction Conference Required:** Yes ☐ No ■

PIN/Lot Identifier: 0538-79-9169.000 - Leander Lee Preserve Lot 63

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

Property Location: 214 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: 3 Number of Occupants: 8 or less 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* 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: 360 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: 300 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 ˣ***Limiting condition***

Soil Cover: 6+ inches Slope Corrected Maximum Trench/Bed Depth‡: 14 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 ■ 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.
Add 6 inches approved fill cover over system after installation.

NC ONSITE WASTEWATER EVALUATOR
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. *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. 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

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Permit/File #: _____

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

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Permit/File #: _____

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:

_____

_____

_____

_____

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:

_____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: Harnett

PIN/Lot Identifier: 0538-79-9169.000 - Leander Lee Preserve Lot 63

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

Additional Improvement Permit Conditions:

See attached detail sheet

Additional Construction Authorization Conditions:

See attached detail sheet

Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321
Fayetteville, NC 28311
Phone/Fax (910) 822-4540
Email mike@southeasternsoil.com

May 23, 2025

Clayton Properties Group
2521 Schieffelin Rd.
Apex, NC 27502

Re: Soil/site evaluation for subsurface waste disposal (GS 130A-335(a2)/SL 2022-11), PIN 0538-79-9169.000, 214 Harriette Ct., Leander Lee Preserve Subdivision, Lot 63, Lillington, Harnett County, North Carolina

To whom it may concern,

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 for a subsurface waste disposal system (conventional, accepted and innovative) to serve a proposed single-family residence (3-bedroom home). All ratings and determinations were made in accordance with "On Site Wastewater Rules, 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 May 21, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a broad flat landscape (1-3% slope). Soil borings conducted in most of this area consisted of 4 or more inches of loamy sand underlain by sandy loam, sandy clay loam, clay loam, clay and/or sandy clay to 48 or more inches below the soil surface. Soil wetness and/or parent material (greater than 50%) was not observed shallower than 27 inches below the soil surface (initial system) and 26 inches (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 shallow accepted subsurface waste disposal drainfield (0.30 gal/day/ft2 LTAR; initial system). There is enough suitable soil area to allow for an accepted subsurface septic system repair (0.30 gal/day/ft2). 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.]**

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Leander Lee **LOT** 63

INITIAL SYSTEM: Accepted 25% Reduction **REPAIR:** Accepted 25% Reduction

DISTRIBUTION: Gravity Serial **DISTRIBUTION** Gravity Serial

BENCHMARK: **100.0** **LOCATION** FC 63/64 (TOP STAKE)

NO. BEDROOMS: 3 **LTAR** 0.3 gpd/ft2

SEPTIC TANK SIZE 1000 Gallons **PUMP TANK SIZE** N/A

Initial

LINE	FLAG COLOR	ELEVATION	LENGTH
1	L	102.20	70'
2	P	101.90	90'
3	L	101.50	110'
4A	P	101.20	40'
			310' TOTAL

Repair

4B	P	101.20	80'
5	L	100.90	110'
6	P	100.60	65'
7	L	100.50	50'
			TOTAL 305'

BY Mike Eaker **DATE** 05/21/25

TYPICAL PROFILE

THERE SHALL BE NO GRADING,

CUTTING, LOGGING OR OTHER SOIL

DISTURBANCE IN SEPTIC AREA

Initial

0-4	LS/SL	VFR/GR
4-38+	C/CL	FI/SBK
CR2	27"	

HEALTH DEPARTMENT USE ONLY.

DESIGNS DO NOT GURANTEE FUNCTIONALITY

Repair

0-6	LS/SL	VFR/GR
6-38+	C/CL	FI/SBK
CR 2	26"	

PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 63 LEANDER LEE PRESERVE SUBDIVISION

226 HARRIETTE COURT

REF: P.B. 2025, PG. 267

LILLINGTON TOWNSHIP

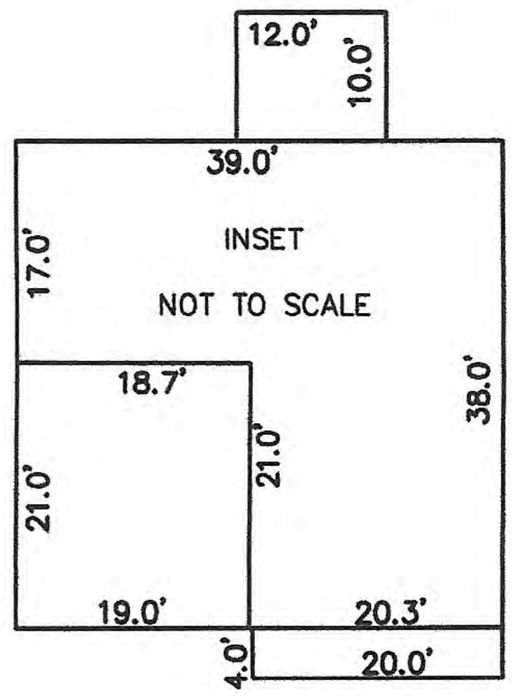
HARNETT COUNTY, NORTH CAROLINA

MAY 12, 2025

ZONED RA-20R

50 25 0 50 100

SCALE 1"=50'

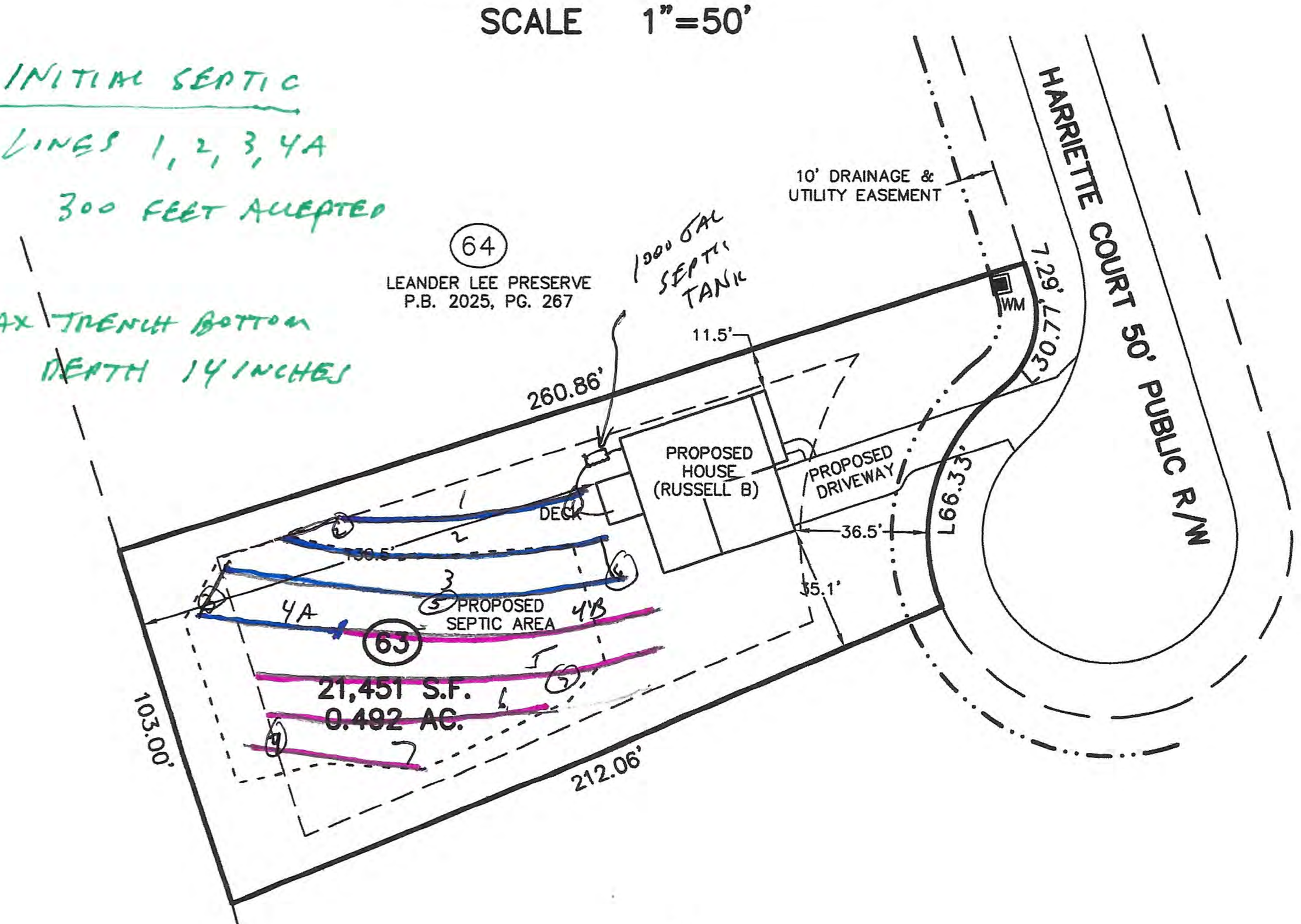


INITIAL SEPTIC

LINES 1, 2, 3, 4A

300 FEET ACCEPTED

* MAX TRENCH BOTTOM DEPTH 14 INCHES



62
LEANDER LEE PRESERVE
P.B. 2025, PG. 267

* PUMP WILL BE NEEDED IF MAX. TRENCH BOTTOM DEPTH CANNOT BE MAINTAINED *

IMPERVIOUS SURFACE TABLE

HOUSE 1,568 S.F.

NC ONSITE WASTEWATER EVALUATOR
Certification Number 10013E

PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 62, LEANDER LEE PRESERVE SUBDIVISION

226 HARRIETTE COURT

REF: P.B. 2025, PG. 267

LILLINGTON TOWNSHIP

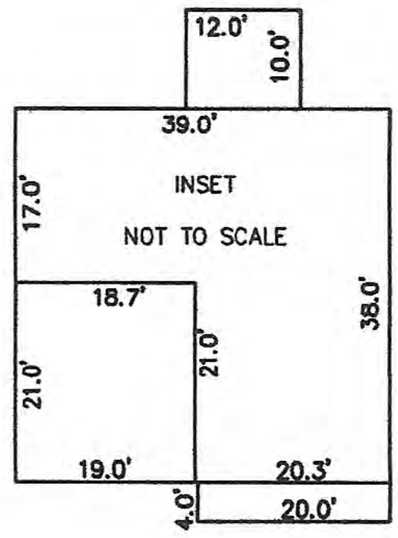
HARNETT COUNTY, NORTH CAROLINA

MAY 12, 2025

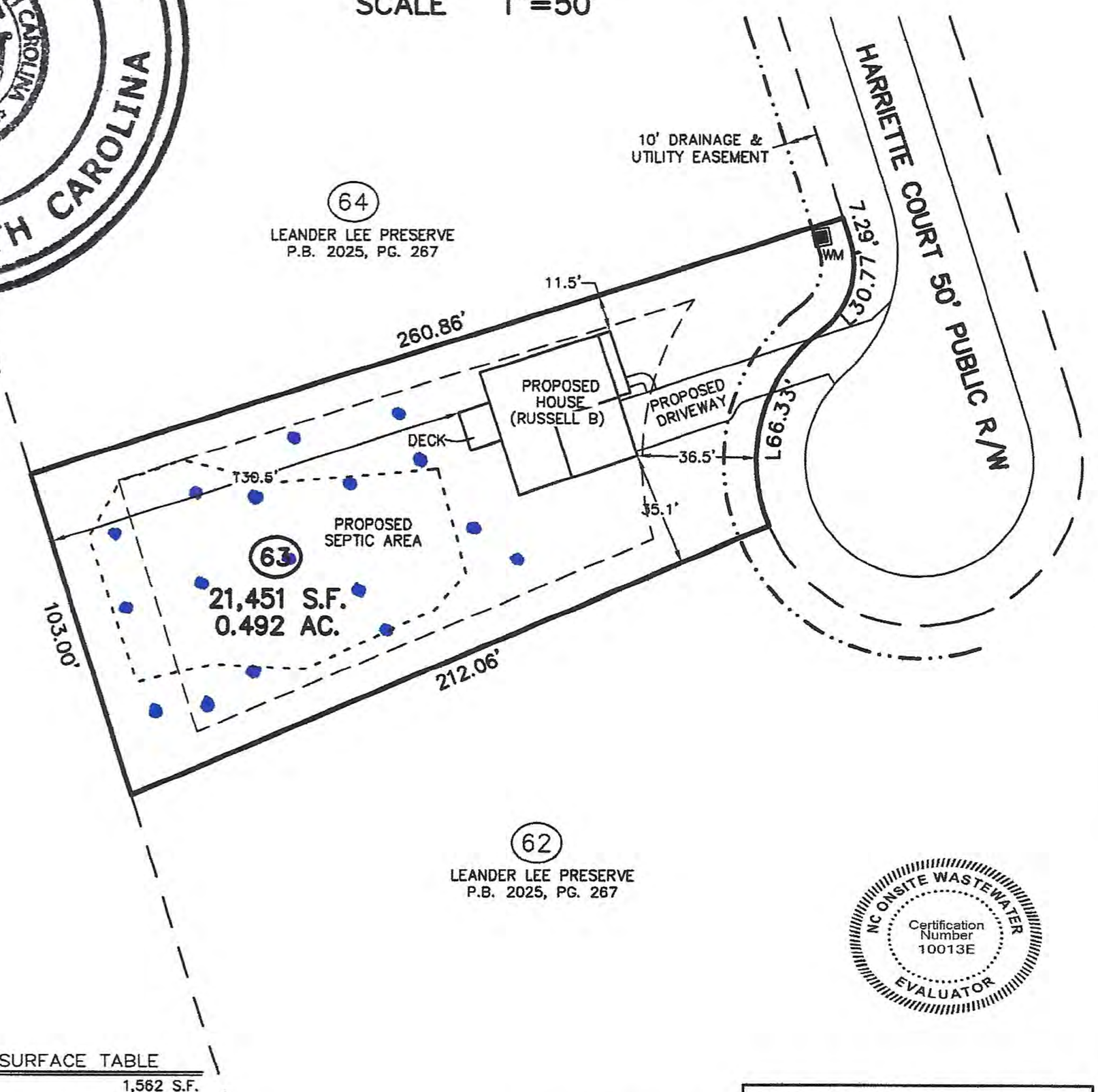
ZONED RA-20R

50 25 0 50 100

SCALE 1"=50'



LICENSED SOIL SCIENTIST
MICHAEL D. EAKER
STATE OF NORTH CAROLINA
1030



NC ONSITE WASTEWATER
Certification Number
10013E
EVALUATOR

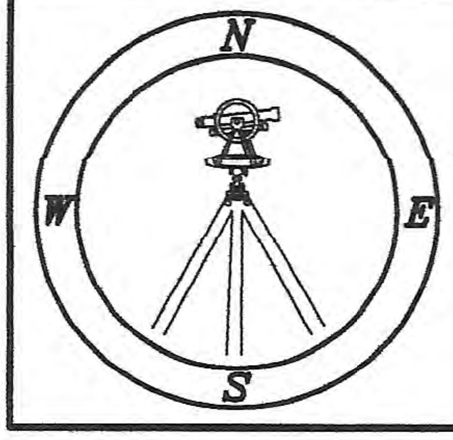
IMPERVIOUS SURFACE TABLE

HOUSE	1,562 S.F.
DECK	120 S.F.
DRIVEWAY	755 S.F.
SIDEWALKS	30 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,476 S.F.
TOTAL LOT AREA	21,451 S.F.
PERCENTAGE OF IMPERVIOUS AREA	11.51 %

= SUITABLE SOIL

TOTAL CONCRETE & LANDSCAPE	
CONCRETE	1,137 S.F.
LANDSCAPE	18,372 S.F.

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



CMP

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: Leander Lee Lot 63
COUNTY: Harnett

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Clayton Properties Group (Mungo Homes) DATE EVALUATED: 5/21/25
ADDRESS: 2521 Schieffelin Rd., Suite 116, Apex, NC 27502
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: 0.492 ac
LOCATION OF SITE: 214 Harriette Ct., Lillington, NC 27546 PROPERTY RECORDED:
WATER SUPPLY: ☒ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: RES C1: 10(
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	LS 1-3%	0-4	LS/Gr	VFr/NExp	29"	34"	NA	NA	Suitable 0.3	
		4-29	SC/C/WF SBK	FI/SEXP	10YR 5/8					
		29-34	CL/C/WF SBK	FI/SEXP	10YR 5/8 10YR 7/2 mott					
		34-48	SCL/MASS	FI/SEXP	10YR 5/8 10YR 7/1 5YR 4/6 mott					
2	LS 1-3%	0-5	LS/Gr	VFr/NExp	27"	34"	NA	NA	Suitable 0.3	
		5-27	C/SC/WF SBK	FI/SEXP	10YR 5/8					
		27-34	C/SC/WF SBK	FI/SEXP	10YR 5/8 10YR 7/1 mott					
		34-48	SCL/MASS	FI/SEXP	10YR 7/1 2.5YR 4/8 10YR 5/8 mix					
3	LS 1-3%	0-13	LS/Gr	VFr/NExp	31"	38"	NA	NA	Suitable 0.3	
		13-31	SC/C/WF SBK	FI/SEXP	10YR 5/8					
		31-38	CL/WF SBK	FR/SEXP	10YR 5/8 10YR 7/1 mott					
		38-48	SCL/MASS	FR/SEXP	10YR 7/1 2.5YR 4/8 10YR 5/8MIX					
4	LS 1-3%	0-8	LS/Gr	VFr/NExp	34"	38"	NA	NA	Suitable 0.3	
		8-34	C/SC/WF SBK	FI/SEXP	10YR 5/8					
		34-38	C/CL/WF SBK	FI/SExp	10YR 5/8 10YR 7/1 mot					
		35-48	CL/MASS	Fr/SExp	10YR 5/8 10YR 7/1 2.5YR 4/8 mix					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	Accpeted	Accpeted
Site LTAR	0.3 gpd/ft2	0.3 gpd/ft2
Maximum Trench Depth	14	13

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: M. Eaker
OTHER(S) PRESENT: D Eaker

Comments: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: Leander Lee Lot 63
DATE OF EVALUATION: 05/21/25
COUNTY: Harnett

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
5	LS 1-3%	0-9	LS/Gr	VFr/NExp	35" 10YR 5/8	38"	NA	NA	Suitable 0.3	
		9-35	SC/C/MM SBK	FI/SEXP	10YR 5/8 10YR 7/1 mott					
		35-38	Cl/WF SBK	FI/SExp	10YR 5/8 5YR 4/8 mott 10YR 7/1 mott					
		38-48	SCL/MASS	FI/SEXP	mix above					
6	LS 1-3%	0-4	LS/GR	VFR/NEXP	28" 10YR 5/8	34"	NA	NA	Suitable 0.3	
		4-28	C/MM SBK	FI/SEXP	10YR 6/6 7.5YR 5/8 10YR 7/1 mott					
		28-34	CL/WF SBK	FI/SEXP	10YR 6/8 10YR 7/1 mott					
		34-48	SCL/SL/MASS	FI/SEXP						
7	LS 1-3%	0-4	LS/GR	VFR/NEXP	26" 10YR 6/8	36"	NA	NA	Suitable 0.3	
		4-26	SCL/SC/WF SBK	FI/SEXP	10YR 5/8 10YR 7/1 mott					
		26-36	SCL/WF SBK	FI/SEXP	10YR 6/8 10YR 7/1 mott					
		36-48	SCL/SL/MASS	FR/SEXP	mix above					
8	LS 1-3%	0-4	LS/GR	VFR/NEXP	30" 10YR 5/8	40"	NA	NA	Suitable 0.3	
		4-30	C/WF SBK	FI/SEXP	10YR 5/8 10YR 7/1 mott					
		30-40	C/WF SBK	FI/SEXP	10YR 5/8 7.5YR 5/8 mott 10YR 7/1 mott					
		40-48	SCL/SL/WF SBK	FR/SEXP	mix above					

COMMENTS: _____