



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

COMMON FORM FOR ENGINEERED OPTION PERMIT

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply.

☒ Single System or ☐ Multiple Systems

AND

☐ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area

☐ Repair – LHD Permit Number _____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____
HHHunt Homes Raleigh-Durham LLC

Mailing address: 1 Fenton Main Street, Suite 280 City: Cary State: NC Zip: 27511

Telephone number: 919-861-6380 x630 E-mail Address: HELatta@HHHuntHomes.com

2. Professional Engineer (PE) name: B. Scott Mitchell License number: 27458

Mailing address: 1501 Lakestone Village Ln, Ste 205 City: Fuquay-Varina State: NC Zip: 27526

Telephone number: 919-669-0329 E-mail Address: Scott@MitchellEnvironmental.com

3. Licensed Soil Scientist (LSS) name: B. Scott Mitchell License number: 1237

Mailing address: 1501 Lakestone Village Ln, Ste 205 City: Fuquay-Varina State: NC Zip: 27526

Telephone number: 919-669-0329 E-mail Address: Scott@MitchellEnvironmental.com

4. Licensed Geologist (LG) (if applicable) name: _____ License number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

5. On-Site Wastewater Contractor name: David Brantley & Sons, Inc. License number: 1036

Mailing address: 37 Pine Ridge Road City: Zebulon State: NC Zip: 27597

Telephone number: 252-478-3721 E-mail Address: 1Installer@gmail.com

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 60 Oak Meadow Lane ; PIN:0672-65-8451.000 ; Oak Meadow Lot 2

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 SIX FORKS RD, RALEIGH NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER, RALEIGH NC 27699-1642

www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

County Name: Harnett

8. Type of facility: ☒ Place of residence No. Bedrooms: 4 No. Occupants: 8 or less
☐ Place of business Basis for flow calculation: _____
☐ Place of public assembly Basis for flow calculation: _____
9. Factors that would affect the wastewater load: Wastewater will be domestic strength as this is a residence.
10. Type and location of proposed wastewater system: Initial system will be a gravity to EZflow in back left corner of lot (Type IIb). Repair system will be pump to PPBPS in rear of lot (Type IIIbe).
11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
 Design wastewater strength: ☒ domestic ☐ high strength ☐ industrial process
12. A plat as defined in G.S. 130A-334(7a) is attached: ☒ Yes ☐ No
13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18E .0601: ☒ Yes ☐ No
 This is a saprolite system. ☐ Yes ☒ No
14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☒ Yes ☐ No
15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☒ NA
16. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☒ NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, B. Scott Mitchell hereby attest that the information required to be included with
Registered Professional Engineer (Print Name)
 this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, state and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336.1(e)(6).

B. Scott Mitchell
 Signature of Licensed Professional Engineer

5-28-2025
 Date

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, HHHunt Homes Raleigh-Durham LLC hereby designate B. Scott Mitchell
Print Name of Owner *Print Name of Registered Professional Engineer*
 as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

[Signature] 5/28/25
 Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner *Print Name of Licensed PE*
 pursuant to G.S. 130A-336.1.

 Signature of Owner Date

PART 3: Authorization to Operate (ATO)

LHD USE ONLY: Initial submittal of this ATO received: _____ by _____
Date Initials

The following items are included in this Authorization to Operate for an EOP:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Operation and management program and ORC contract, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Letter documenting Owner's acceptance of the system from the PE | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Owner meets requirements control of the system per 15A NCAC 18E .0301(b) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Easement, right of way, or encroachment agreement required per 15A NCAC 18E .0301(c) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Multi-party agreements required, as applicable, per 15A NCAC 18E .0204(g) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided
Print name of Owner or Professional Engineer
and the system meets applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Signature of Owner or Professional Engineer

Date

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an Engineer Option Permit [G.S. 130A-336.1(f)]



MITCENV-01

EMARTY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alera Group 4131 Parklake Avenue, Suite 225 Raleigh, NC 27612	CONTACT NAME: Select Business Unit	
	PHONE (A/C, No, Ext): (919) 469-2473	FAX (A/C, No): (919) 467-4987
	E-MAIL ADDRESS: em@trisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Westchester Surplus Lines	10172
INSURED Mitchell Environmental PA Scott Mitchell 5601 Maggie Run Lane Fuquay Varina, NC 27526	INSURER B : Sirius America Insurance Company	38776
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			G28210486009	1/27/2025	1/27/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			G46616182008	1/27/2025	1/27/2026	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC PC 602055-000	2/7/2025	2/7/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liabili			G28210486009	1/27/2025	1/27/2026	Limit 1,000,000
A	Professional Liabili			G28210486009	1/27/2025	1/27/2026	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Operations of the Named Insured covered by the above referenced policies.

CERTIFICATE HOLDER

CANCELLATION

Insured's Copy

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	CONTACT NAME: Certificate Administrator PHONE (A/C, No, Ext): 910-455-7576 E-MAIL ADDRESS: certs@siagroup.com	FAX (A/C, No): 910-455-7481
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Owners Insurance Company		32700
INSURER B: Auto-Owners Insurance Company		18988
INSURER C: FFVA Mutual Insurance Co.		10385
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 2113358001**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> cont liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35506165	7/2/2024	7/2/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			53-914661-00	7/2/2024	7/2/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5391466101	7/2/2024	7/2/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	WC850-0050098-2024A	7/2/2024	7/2/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Equipment			35506165	7/2/2024	7/2/2025	Leased/Rented \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**HHH Hunt Homes
1 Fenton Main Street
Suite 280
Cary NC 27511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Harnett County GIS

PID: 040672 0081 02

PIN: 0672-65-8451.000

Account Number: 1500070216

Owner: HHHUNT HOMES RALEIGH-DURHAM LLC

Mailing Address: 11237 NUCKOLS RD GLEN ALLEN, VA 23059-5502

Physical Address: 60 OAK MEADOW LN ANGIER, NC 27501 ac

Description: LOT#2 OAK MEADOW S/D MAP#2025-183

Surveyed/Deeded Acreage: 0.59

Calculated Acreage: 0.59

Deed Date:

Deed Book/Page: 4281 - 1541

Plat(Survey) Book/Page: 2025 - 183

Last Sale: 2025 - 4

Sale Price: \$1650000

Qualified Code: A

Vacant or Improved: V

Transfer of Split: T

Actual Year Built:

Heated Area : SqFt

Building Count : 0

Building Value: \$0

Parcel Outbuilding Value: \$0

Parcel Land Value: 0

Market Value: \$0

Deferred Value: \$0

Total Assessed Value: \$0

Zoning: RA-30 - 0.59 acres (100.0%)

Zoning Jurisdiction: Harnett County

Wetlands: No

FEMA Flood: Minimal Flood Risk

Within 1mi of Agriculture District: Yes

Elementary School: Angier Elementary

Middle School: Harnett Central Middle

High School: Harnett Central High

Fire Department: Angier Black River

EMS Department: Medic 9

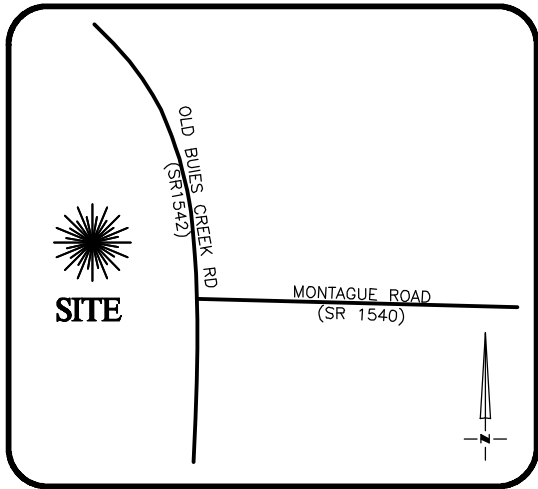
Law Enforcement: Harnett County Sheriff

Voter Precinct: Black River, Central Harnett Neills Creek

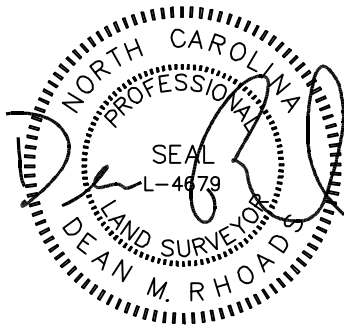
County Commissioner : W Brooks Matthews

School Board Member: Bradley Abate





VICINITY MAP
Not To Scale



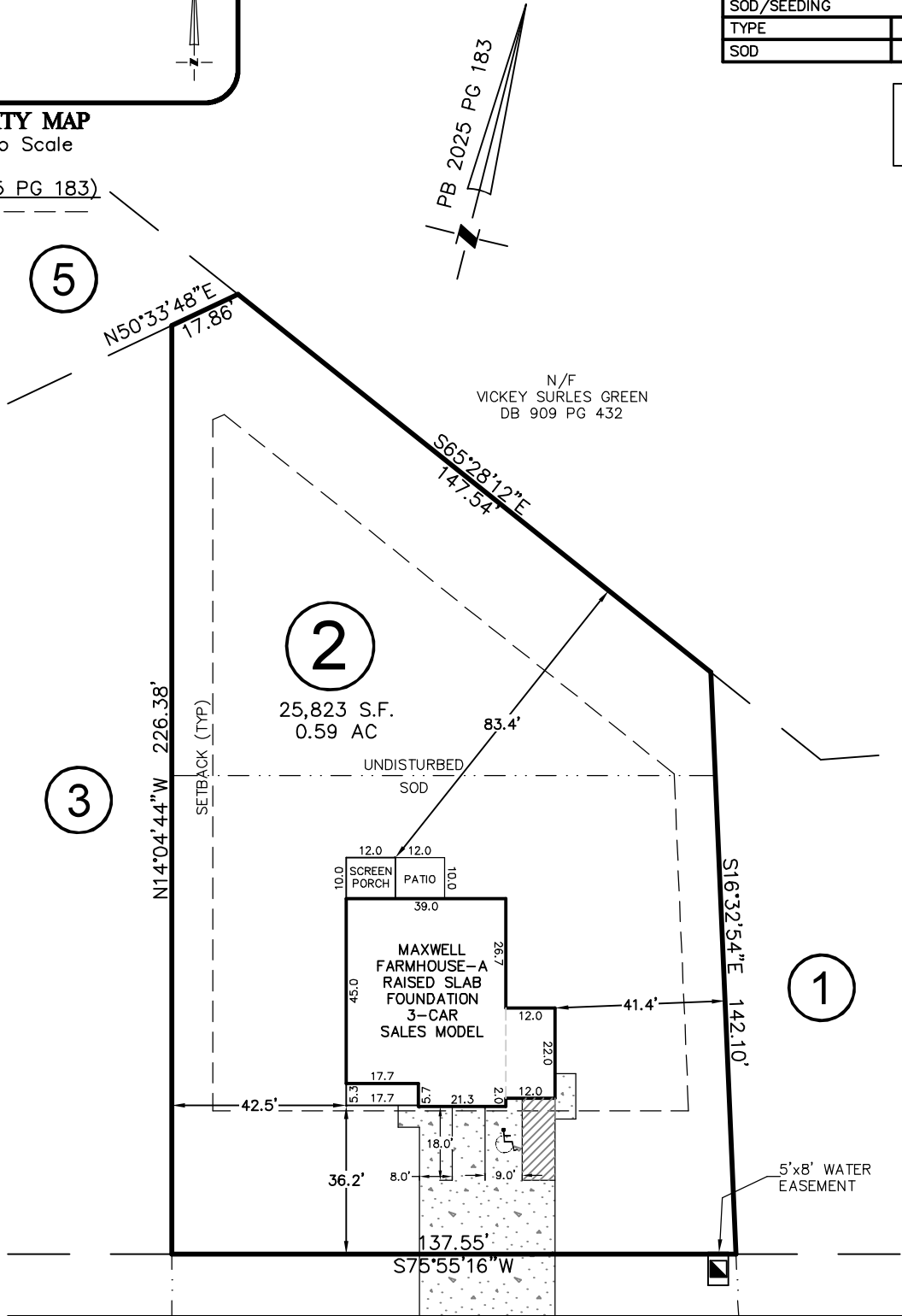
IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/PORCH	2,235 S.F.
SC PORCH/MISC	249 S.F.
DRIVEWAY & WALKS	1,295 S.F.
TOTAL =	3,779 S.F.
LOT AREA =	25,823 S.F.
% IMPERVIOUS AREA	=14.6%

SOD/SEEDING	
TYPE	S.F.
SOD	13,549



SETBACKS: (BK 2025 PG 183)

FRONT - 35'
REAR - 25'
SIDE - 10'
CORNER SIDE - 20'



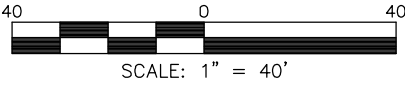
OAK MEADOW LANE

50' PUBLIC R/W

THIS DRAWING DOES NOT
REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE
DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND
RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED



RESIDENTIAL LAND SERVICES, PLLC.

1917 Evans Road
Cary, North Carolina 27513
Phone (919) 378-9316
Firm License # P-0873

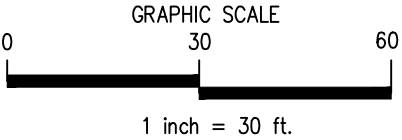
HOUSE LOCATION PLOT PLAN

FOR
#60 OAK MEADOW LANE
LOT 2, OAK MEADOW SUBDIVISION
Black River Township, Harnett County, North Carolina
PROPERTY OF: HHHUNT HOMES
MAP BOOK 2025 PAGE 183 DEED REFERENCE

DRAWN: JWW SURVEYED: N/A CHECKED: DWT DATE: MAY 15, 2025

4-Bedroom
LTAR: 0.3 gpd/ft²
Initial: Gravity-to-Innovative 25%
Reduction Status Product utilizing
lines 8-11 (405')
Repair: Pump-to-PPBPS utilizing
lines 3-7 (270')

Notes:
-No soil cuts within 20 feet of septic trenches.
-No swales within 30 feet of septic trenches
unless approved, in writing, by Engineer.



5

SITE
BOUNDARY

Repair septic drainfield

11: L: 50'
10: R: 85'
9: Y: 135'
8: B: 135'

7: O: 54'
6: Pu: 54'
5: L: 54'
4: B: 54'
3: R: 54'

1

25,851.28 SQ FT

Initial septic drainfield

3

25,288.41 SQ FT

SCREEN
PORCH

PATIO

2

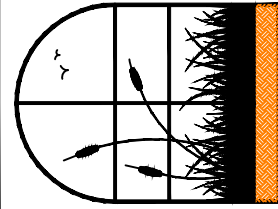
5'x8' WATER
EASEMENT

OAK MEADOW LANE



MITCHELL ENVIRONMENTAL, PA
C-2917

1501 LAKESTONE VILLAGE LANE
SUITE 205
FUQUAY VARINA, NC 27526



PREPARED FOR : HHunt Homes
1 Fenton Main Street
Suite 280
Cory, NC 27511

DATE : May 20, 2025

DESIGNER CONTACT:
ADAM AYCOCK, EI

DRAWN BY:
ADAM AYCOCK, EI

REVISION NO.	DATE
Original Submittal	May 15, 2025
Revision 1	May 20, 2025
Revision 2	-----
Revision 3	-----
Master Set	-----

SHEET NUMBER	1 of 5
Oak Meadow Lot 2 Overall Septic	

Mitchell Environmental, P.A.

May 28, 2025

Mr. Bryan Stanley
HHHunt Homes Raleigh-Durham, LLC
1 Fenton Main Street, Suite 280
Cary, North Carolina 27511

**Re: On-Site Sewage Disposal Site and Soils Evaluation Report for:
Oak Meadow Subdivision, Lot 2
60 Oak Meadow Lane, Angier, Harnett County**

Mr. Bryan Stanley:

At your request, we have completed a site evaluation for use of on-site sewage disposal systems at Lot 2 of Oak Meadow Subdivision, located at 60 Oak Meadow Lane in Angier, Harnett County. The site evaluation was completed on March 18, 2025.

Site Evaluation for Use of On-Site Sewage Disposal Systems:

The evaluation included only the proposed septic system drainfield areas. The purpose of the evaluation was to determine the suitability of the site for on-site waste disposal systems per applicable laws, rules, and regulations.

A soil/site evaluation for use of on-site waste disposal systems on any site in North Carolina must include an evaluation of each of the following criteria: 1) topography and landscape position, 2) soil morphology, 3) soil wetness, 4) soil depth, 5) restrictive horizons and 6) available space. Upon field evaluation of the site, the entire proposed septic drainfield area was confirmed to contain sufficient suitable depth for on-site waste disposal systems.

Most septic systems in North Carolina that include a sub-surface waste disposal element require nitrification trenches to distribute effluent for final treatment. Any nitrification trench that has an associated width (*conventional, LPP, LDP, etc.*) must be designed to accommodate slope corrections (*typically 1 to 4 inches*). Slope corrections are based on trench width and cross slope to ensure the minimum separation distance between the trench bottom and an unsuitable soil condition is maintained over the entire trench width. Sloping sites are required to have greater suitable soil depth to accommodate slope correction as opposed to flat sites that require no slope correction. Please note that all proposed lots that utilize sub-surface nitrification fields must have sufficient area for the initial septic system as well as a full repair system. However, the initial and repair systems are not required to be the same type of system, nor are they required to be contiguous. For example, a lot may have a conventional, gravity system installed as the initial septic system and specify an LPP or subsurface drip system for its repair, several hundred feet away from the house or other structure being served.

The number of bedrooms or wastewater design flowrate that any lot will accommodate is entirely dependent upon the usable area of the lot and the long-term acceptance rate (*LTAR*; *LTAR is the effluent application rate for a septic system. For conventional systems, the LTAR indicates the number of gallons that can be applied to each square foot of the trench bottom per day. For an LPP or subsurface drip system, the LTAR indicates the number of gallons that can be applied to each square foot of the nitrification field per day. An LTAR of 0.2 gallons per day per ft² (gpd/ft²)*

1501 Lakestone Village Lane, Suite 205
Fuquay-Varina, North Carolina 27526
919-669-0329

will require a nitrification field that is twice as large as a field that has an LTAR of 0.4 gpd/ft²). Assigned LTARs will affect the number of bedrooms or wastewater design flowrate lots will accommodate as illustrated above. LTARs can vary from one location to another on a property. Our observations indicate that the septic system drainfield area contains sufficient suitable soil depth to accommodate accepted status product subsurface wastewater systems with an LTAR of 0.30 gpd/ft². Observed suitable soil depths on this site exceed 36 inches, with LTAR controlling soil textures ranging from clay loam to clay.

Topography on this lot can be generally characterized as a gentle sideslope that sheds to the west. Based on observed site and soil characteristics, in combination with the proposed plot plan, it is my professional opinion that adequate available space exists on this lot for properly designed septic system drainfields (*initial and repair*) sufficient for one, four-bedroom home.

This site evaluation is based upon the conditions of the site at the time of the evaluation. Any alteration of the site, including compaction, clearing, grading, timbering, etc., could negatively affect the suitability for on-site septic systems. Great care should be exercised during site preparation to protect areas that are to be utilized for septic system nitrification fields. No vehicular or construction traffic should be allowed on these areas. Additionally, no sedimentation and erosion control devices or stormwater collection, treatment, diversion, or dispersal devices should be allowed on or near these areas.

Thank you for the opportunity to provide you with this wastewater system soil suitability evaluation. Do not hesitate to call me if you have any questions or concerns about this evaluation, or if you need any additional information.

Sincerely,

Scott Mitchell, PE, LSS
President

