



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: HarnettPIN/Lot Identifier: 0630-22-9072Issued To: New Home IncProperty Location: 659 Beacon Hill Rd. Lillington NC 27546Subdivision (if applicable) Duncan Creek Lot #: 37 Block: _____ Section: _____LSS Report Provided: Yes ☒ No ☐If yes, name and license number of LSS: Alex Adams LSS # 1247
 New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: Single FamilyNumber of bedrooms: 4 Number of Occupants: 8 Other: _____Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WastewaterProposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .35 Proposed LTAR (Repair): .35Proposed Wastewater System Type*: Accepted Status (Initial) Pump Required: ☒ Yes ☐ No ☐ May be requiredProposed Wastewater System Type*: PPBPS (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 ☐ RCWSaprolite System (Initial): ☐ Yes ☒ No Saprolite System (Repair): ☐ Yes ☒ NoFill 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)*: 36 Usable Depth to LC (Repair)*: 36 * Limiting ConditionMax. Trench Depth (Initial)*: 20 Max. Trench Depth (Repair)*: 20 * Measured on the downhill side of the trenchArtificial 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: Alex AdamsLicensed Soil Scientist Signature: Alex Adams Date: 6-17-25

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: 6-20-25 by MO
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: Mel A REH Date: 6-26-25

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: 6-26-30

See attached site sketch



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

County: Harnett

Pre-Construction Conference Required: Yes ☐ No ☒

PIN/Lot Identifier: 0630-22-9072

Issued To: New Home Inc

Property Location: 659 Beacon Hill Rd. Lillington NC 27546

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: AOWE # 10021 E

Facility Type: Single Family

Number of bedrooms: 4 Number of Occupants: 8 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 Status (Initial) PPBPS (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: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .35 gpd/ft² Usable Depth to LC (Initial)*: 36 ^{*Limiting condition}

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth*: 20 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: 11.43 ft. TDH vs. 35.55 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: Alex Adams

AOWE/PE Signature: Alex Adams

Date: 6-17-25

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: 6/20/25 by MD
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: Mohd RETH Date of Issuance: 6-26-25

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: 6-26-30

See attached site sketch

Duncan Creek Lot 37 4 BR Harnett County

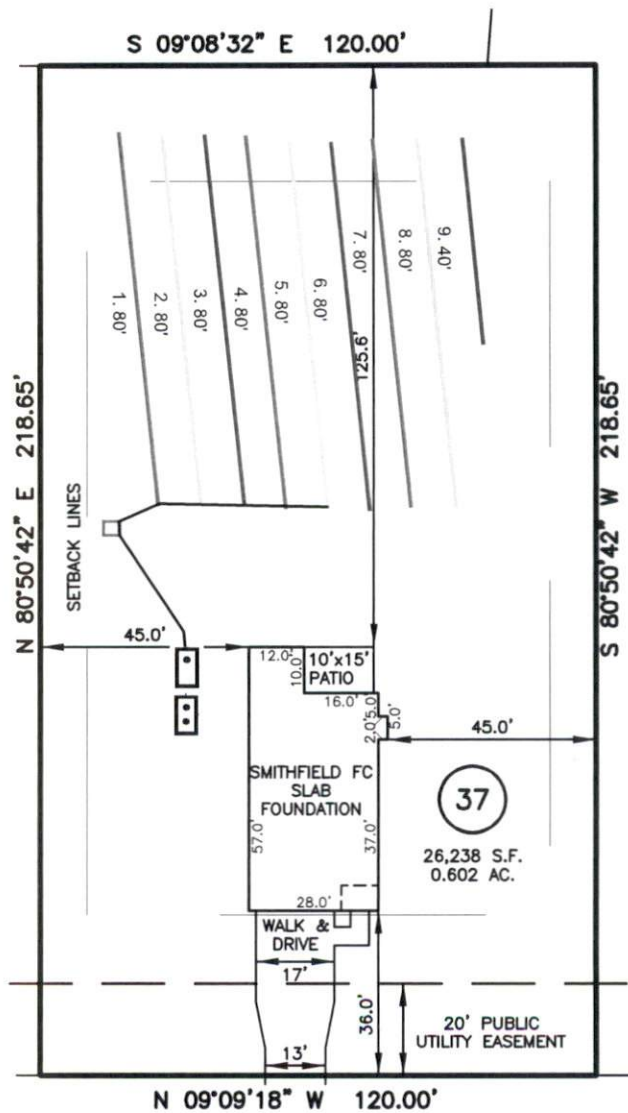
*House footprint to be field staked by surveyor and system verified prior to any construction

**Septic area must not be altered by construction activities.

***No cuts of 2' or greater within 15' of septic area

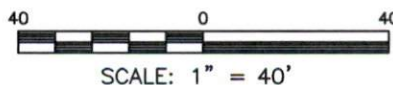
**** Recommend protective barrier around septic field during construction.

*If plumbing is not sufficient a pump tank will be required to septic field



Adams
Soil Consulting
919-414-6761

BEACON HILL ROAD
50' PUBLIC R/W



INITIAL:
Lines 1-5 (400')
Accepted Status
Pressure Manifold
REPAIR:
Lines 6-9 (280')
PPBPS
Pressure Manifold

RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # Duncan Creek Lot 37

of BDR: 4 Daily Flow: 480 gal/day L.T.A.R.: 0.3500 gal/day/sq.ft

Septic Tank: 1200 gals Pump Tank: 1200 gals Sq. Foot: 1200 System Type: Accepted

Number of Taps: 5 **Length of Trenches:** 400 ft(See Tap Chart for Details)

Depth of Trenches: 20 in Manifold Length: 48 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 50 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 3.43 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft **Elevation Head:** 6.00 ft

Total Head: 11.43 ft **Pump to Deliver:** 35.55 gals/min at 11.43 ft head

Dosing Volume: 195 gals,

Drawdown: 195 gals divided by 20 gals/in = 9.8 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		is = 100.00	set at
Pump tank elev.			1

Pump elev. 95.00

Design Head:	2
Manifold elev.	101.00

of Panels
(PPBPS)

line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTA
1	Pink		100.00	80	1/2in SCH 40	7.11	96.00	240	0.4000
2	Yellow		100.00	80	1/2in SCH 40	7.11	96.00	240	0.4000
3	Red		100.00	80	1/2in SCH 40	7.11	96.00	240	0.4000
4	Pink		100.00	80	1/2in SCH 40	7.11	96.00	240	0.4000
5	Yellow		100.00	80	1/2in SCH 40	7.11	96.00	240	0.4000
			100.00			0	0.00	0	#DIV/0!
			100.00			0	0.00	0	#DIV/0!
			100.00			0	0.00	0	#DIV/0!
			100.00			0	0.00	0	#DIV/0!
			100.00			0	0.00	0	#DIV/0!

Total Feet =	400	gal/min =	35.55	<u>LTAR =</u>	0.3500
Feet Required =	343	Velocity =	3.40	(ltar + 5%)	0.3675
	<u>Des. Flow</u>	480		(ltar w/25% red)	0.4667
	Pump Run=	13.50		(ltar + 5%)	0.4900

Total # of Panels (PPBPS)

% of Dose Vol.	75
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Dose Volume 195

Dose Pump Time	5.49
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Drawdown in Inches	9.8
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Comments: