



# 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: 9588-75-0077Issued To: Smith Douglas HomesProperty Location: 96 PINE VISTA WAY SANFORD NC 27332Subdivision (if applicable) BRIARWOOD BLUFF Lot #: LOT 26 Block: \_\_\_\_\_ Section: \_\_\_\_\_LSS Report Provided: Yes ☒ No ☐If yes, name and license number of LSS: Stephen W Bristow # 1167
 New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: SFDNumber of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WastewaterProposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .35 Proposed LTAR (Repair): .35Proposed Wastewater System Type\*: IIIb (Initial) Pump Required: ☒ Yes ☐ No ☐ May be requiredProposed Wastewater 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 ☐ 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)\*: 48 Usable Depth to LC (Repair)\*: 48 \* Limiting ConditionMax. Trench Depth (Initial)\*: 28 Max. Trench Depth (Repair)\*: 28 \* 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:

Installer must call 919-9064737 for an at site meeting to change this permit at installation.

Note: to EHS and Installer- any State approved ST or PT that supports the 360gpd design flow can be used for this site.

Licensed Soil Scientist Print Name: Steve Bristow #1167Licensed Soil Scientist Signature: [Signature] Date: 6/30/25

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: 7-16-25 by MAT  
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: Mah REHS Date: 7-17-25

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: 7-17-30

**\*See attached site sketch\***





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

County: Harnett

Pre-Construction Conference Required: Yes ☒ No ☐

PIN/Lot Identifier: 9588-75-0077

Issued To: Smith Douglas Homes

Property Location: 96 PINE VISTA WAY SANFORD NC 27332

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Steve Bristow # 10012E

Facility Type: SFD

Number of bedrooms: 3 Number 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 Wastewater System\* IIlb (Initial) IIlb (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: 1060 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .35 gpd/ft<sup>2</sup> Usable Depth to LC (Initial)\*: 48 <sup>\*Limiting condition</sup>

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth\*: 28 inches <sup>\*Measured on the downhill side of the trench</sup>

Pump Tank Size (if applicable): 1060 gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: 11.22 ft. TDH vs. 32.88 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:

Installer must call 919-9064737 for an at site meeting to change this permit at installation.

Note: to EHS and Installer- any State approved ST or PT that supports the 360gpd design flow can be used for this site.

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: Steve Bristow 10012E

AOWE/PE Signature: *Steve Bristow*

Date: 6/30/25

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: 7-16-25 by MAO  
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: MAO REHS Date of Issuance: 7-17-25

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: 7-17-30

**\*See attached site sketch\***



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM  
(Complete all fields in full)

OWNER: Smith Douglas Homes DATE EVALUATED: June 23 2025  
ADDRESS: 3412 Apex Peakway, Apex, NC, 27502  
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: .562 ac  
LOCATION OF SITE: (Briarwood Bluff Lot 26) 96 Pine Vista Way, Sanford, NC PROPERTY RECORDED: yes  
WATER SUPPLY: ☒ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other WATER SUPPLY SETBACK: na  
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

P R O F I L E  #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1	Shoulder Slope 2%	6	GR/SL	VFR/NS/NP/SEXP	10YR 7/1	48+			Suitable .55	.72 in
		34	GR/SL	VFR/NS/NP/SEXP	10YR 7/6					
		48	SBK/SCL	FR/SS/SP/SEXP	10YR 7/8					
2	Rideg/ Slope 1%	11	GR/SL	VFR/NS/NP/SEXP	10YR 7/3	48+			Suitable .35	.32 in
		31	GR/SL	VFR/NS/NP/SEXP	10YR 7/6					
		41	SBK/SCL	FR/SS/SP/SEXP	10YR 7/8					
		48	SBK/SCL	FR/SS/SP/SEXP	10YR 7/8 W/Cr2					
3	Shoulder Slope 2%	7	GR/SL	VFR/NS/NP/SEXP	10YR 7/3	48+			Suitable .4	.72 in
		12	GR/SL	VFR/NS/NP/SEXP	10YR 7/6					
		48	SBK/SCL	FR/SS/SP/SEXP	10YR 7/8					
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): suitable EVALUATED BY: Stephen W Bristow LSS 1167 OTHER(S) PRESENT: Anna Brantley SSIT
Available Space (.0508)	YES	YES	
System Type(s)	IIIb	IIIb	
Site LTAR	.35	.35	
Maximum Trench Depth	28	28	

Comments:  
41-12-1= 28-Initial -Boring 2  
41-12-1= 28- Reoair-Boring 2



Anna Brantley

## LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft <sup>2</sup> )	SAPROLITE LTAR (gpd/ft <sup>2</sup> )	LPP LTAR (gpd/ft <sup>2</sup> )	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	MOIST	WET	SG (Single grain)
		LS (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
CV (Convex Slope)		SL (Sandy loam)		0.4 - 0.6		VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
D (Drainage way)	II	L (Loam)	0.6 - 0.8	0.2 - 0.4	0.3 - 0.4	FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FP (Flood plain)		SiL (Silt loam)		0.1 - 0.3		FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
FS (Foot slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
H (Head slope)	III	CL (Clay loam)	0.3 - 0.6	None	0.15 - 0.3	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
L (Linear Slope)		SiCL (Silty clay loam)					P (Plastic)	
N (Nose slope)		Si (Silt)					VP (Very plastic)	
R (Ridge/summit)	IV	SC (Sandy clay)	0.1 - 0.4	None	0.05 - 0.2	SEXP (Slightly expansive)		
S (Shoulder slope)		SiC (Silty clay)				EXP (Expansive)		
T (Terrace)		C (Clay)						
TS (Toe Slope)		O (Organic)	None					

\* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

\*\*Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

**HORIZON DEPTH** In inches below natural soil surface

**DEPTH OF FILL** In inches from land surface

**RESTRICTIVE HORIZON** Thickness and depth from land surface

**SAPROLITE** S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

**SOIL WETNESS** Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

**CLASSIFICATION** S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).

SEE ATTACHED SITE PLAN



# Briarwood Bluff Lot 26 System Detail

## LOT INFORMATION:

PIN: 9588-75-0077.000  
 REFERENCE: DB. 4277, PG. 879  
 TOTAL LOT AREA = 0.662 AC = 28,815 SF  
 HOUSE = 1,932 SF  
 FRONT PORCH = 194 SF  
 SIDEWALK = 27 SF  
 DRIVEWAY = 699 SF  
 COVERED PATIO = 200 SF  
 PROPOSED IMPERVIOUS = 3,052 SF  
 PERCENT IMPERVIOUS = 10.59%

### BUILDING SETBACKS

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

### Elevation Table

Benchmark = 100'

Line 1 = 106.6'  
 Line 2 = 106.5'  
 Line 3 = 106.5'  
 Line 4 = 106.5'  
 Line 5 = 106.5'  
 Line 6 = 106.5'  
 Line 7 = 106.4'  
 Line 8 = 106.4'  
 Line 9 = 106.3'  
 Line 10 = 106.3'  
 Line 11 = 106.0'  
 Line 12 = 105.9'  
 Line 13 = 105.9'

### System Details

Initial:  
 1060 gal Septic Tank  
 1060 gal Pump Tank  
 0.35 LTAR  
 Lines 1-6 (300')  
 Accepted - Manifold  
 Distribution - Parallel  
 Product - Q4 Chamber  
 28" MTD

Repair:  
 1060 gal Septic Tank  
 1060 gal Pump Tank  
 0.35 LTAR  
 Lines 7-13 (315')  
 Accepted - Manifold  
 Distribution - Parallel  
 Product - Q4 Chamber  
 28" MTD



0' 50'  
 1 inch = 50'



### Legend

Initial  
 Repair

