Permit/File # 2508-a2e2

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: 0681-36-5639.000

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

Property Location: 21 Bonair Ave., Angier, NC 27501

Subdivision (if applicable) Cambridge Reserve Lot #: 92 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: 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): 0.40 gpd/ft2 Proposed LTAR (Repair): 0.40 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: 34" Usable Depth to LC (Repair)ˣ: 35" ***ˣ Limiting Condition***

Max. Trench Depth (Initial)ᵗ: 18" Max. Trench Depth (Repair)ᵗ: 18" ***ᵗ 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.
Ensure 6 inches approved fill cover is maintained over system after installation.

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

NC ONSITE WASTEWATER Certification Number 10013E EVALUATOR

Licensed Soil Scientist Print Name: Michael D. Eaker

Licensed Soil Scientist Signature: _____ Date: 08/18/2025

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NCDHHS/DPH/EHS/OSWP

Revised January 2024
Form A2CF-24.1

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 2508-0062

This Section for Local Health Department Use Only

Initial submittal received: 8.19.25 (Date) by RC (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: [signature] AEHS Date: 8-22-25

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: 8.22.30

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 25858we2

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

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

PIN/Lot Identifier: 0681-36-5639.000 - Cambridge Reserve, Lot 92

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

Property Location: 21 Bonair Ave., Angier, NC 27501

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: 6 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: 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: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.40 gpd/ft² Usable Depth to LC (Initial)ˣ: 34" ˣ***Limiting condition***

Soil Cover: 6+ inches Slope Corrected Maximum Trench/Bed Depth‡: 18 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.
Ensure 6 inches approved fill cover is maintained over system after installation.

NC ONSITE WASTEWATER Certification Number 10013E EVALUATOR

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: Michael D. Eaker Date: 08/18/2025

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 #: 25x8-0002

This Section for Local Health Department Use Only

Initial submittal received: 8-19-25 (Date) by RL (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: [signature] [illegible] Date of Issuance: 8-22-25

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: 8-22-30

See attached site sketch

PRELIMINARY PLOT PLAN FOR

MUNGO HOMES

LOT 92, CAMBRIDGE SUBDIVISION

BONAIR AVENUE

REF: P.B. 2025, PG. 447

NEILL'S CREEK TOWNSHIP

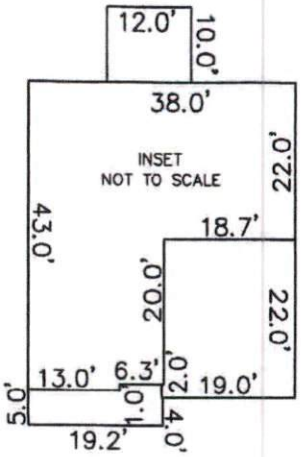
HARNETT COUNTY, NORTH CAROLINA

AUGUST 5, 2025

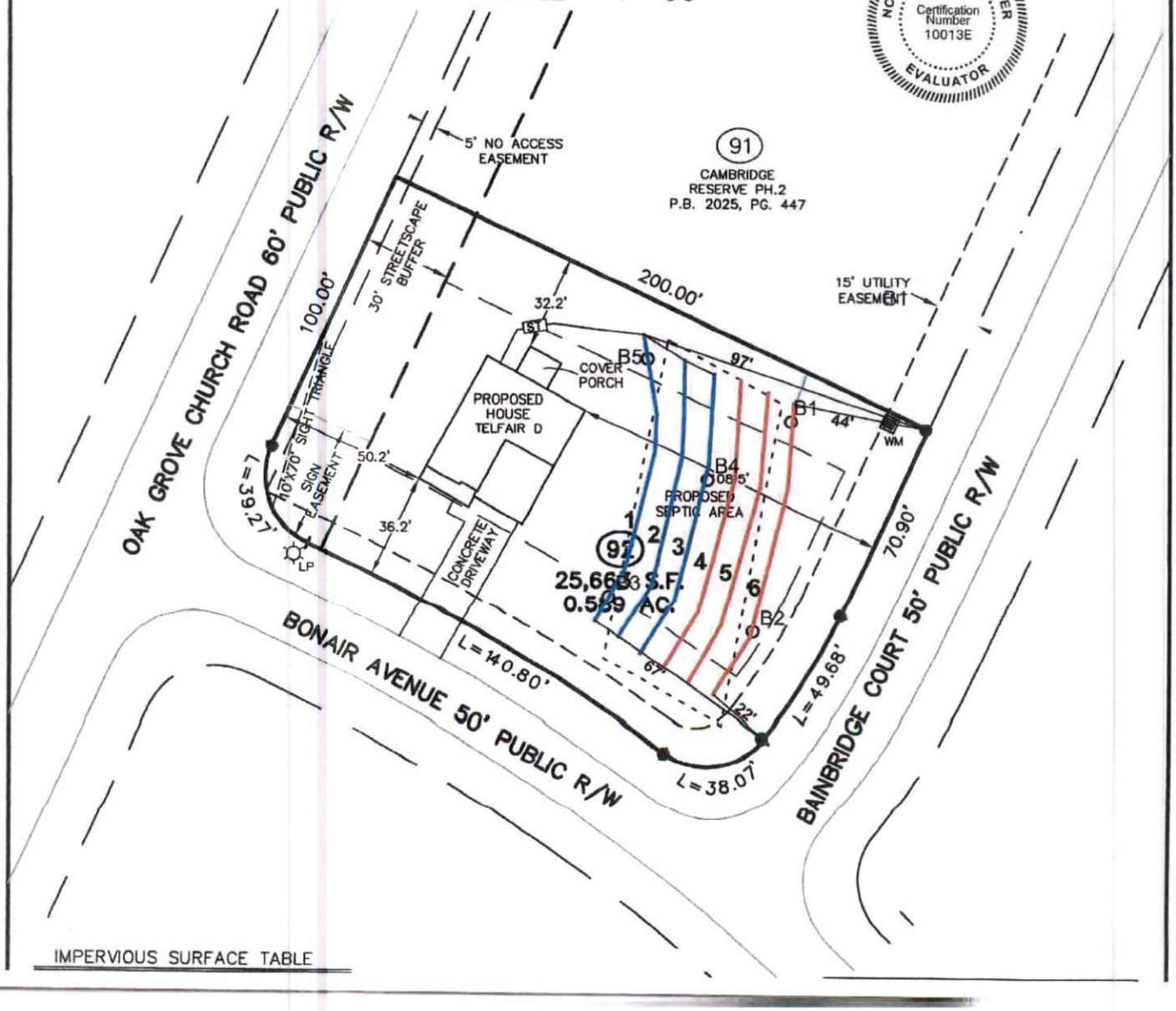
ZONED RA-30

50 25 0 50 100

SCALE 1"=50'



NC ONSITE WASTEWATER EVALUATOR
Certification Number 10013E



IMPERVIOUS SURFACE TABLE