



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: 0642-74-5525 (Birchwood Trails, Lot 4)

Issued To: KB Homes

Property Location: 138 Rockhaven Drive, Fuquay Varina, NC 27526

Subdivision (if applicable) Birchwood Trails Lot #: 4 Block: _____ Section: _____

LSS Report Provided: Yes ☒ No ☐

If yes, name and license number of LSS: Heath Clapp #1354

New ☒

Expansion ☐

System Relocation ☐

Change of Use ☐

Facility Type: SFR (4-bedroom)

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Wastewater Strength: ☒ Domestic

☐ High Strength

☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.4 Proposed LTAR (Repair): 0.4

Proposed Wastewater System Type*: Accepted Gravity (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required

Proposed Wastewater System Type*: Accepted Gravity (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)*: 36" Usable Depth to LC (Repair)*: 36" * Limiting Condition

Max. Trench Depth (Initial)*: 24" Max. Trench Depth (Repair)*: 24" * 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:

Licensed Soil Scientist Print Name: Heath Clapp

Licensed Soil Scientist Signature: Heath Clapp Date: 10/3/2025

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

See attached site sketch



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

County: Harnett

Pre-Construction Conference Required: Yes ☐ No ☒

PIN/Lot Identifier: 0642-74-5525 (Birchwood Trails, Lot 4)

Issued To: KB Homes

Property Location: 138 Rockhaven Drive, Fuquay Varina, NC 27526

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Heath Clapp, 10057E

Facility Type: SFR (4-bedroom)

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 Gravity (Initial) Accepted Gravity (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: 1,250 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.4 gpd/ft² Usable Depth to LC (Initial)*: 36" ^{*Limiting condition}

Soil Cover: 0 inches Slope Corrected Maximum Trench/Bed Depth*: 24" inches ^{*Measured on the downhill side of the trench}

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

Pump Requirements: N/A ft. TDH vs. N/A GPM Grease Trap Size (if applicable): N/A 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: Heath Clapp

AOWE/PE Signature: Heath Clapp Date: 10/3/2025

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: 10/10/25 by ST
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: REAS Date of Issuance: 10/14/25

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: 10/16/30

See attached site sketch

General Drainfield Notes:

1. Clear all trees less than 8" in diameter (measured at a height 3' from soil surface) from the drainfield.
2. Vegetation that will re-grow from a cut stump shall be stumped or pulled from the ground. Stumps shall not be pushed over.
3. Drainfield area shall be cleared of all leaves, pine straw, debris, etc. The accumulated material shall be removed from the drainfield.
4. In clayey soils, sides of trenches shall be raked and limed per manufacturer's instructions.
5. Supply lines shall be installed with a minimum of 18" cover.
6. The trenches shall be backfilled appropriately so that no low areas are present.
7. Apply lime over the drainfield area as needed. Seed fine fescue over the drainfield at the rate
8. recommended by the seed manufacturer. Hand rake the seed into the soil surface. Straw the seeded area at the rate of 1.5-2 bales per 1000 sq. ft.

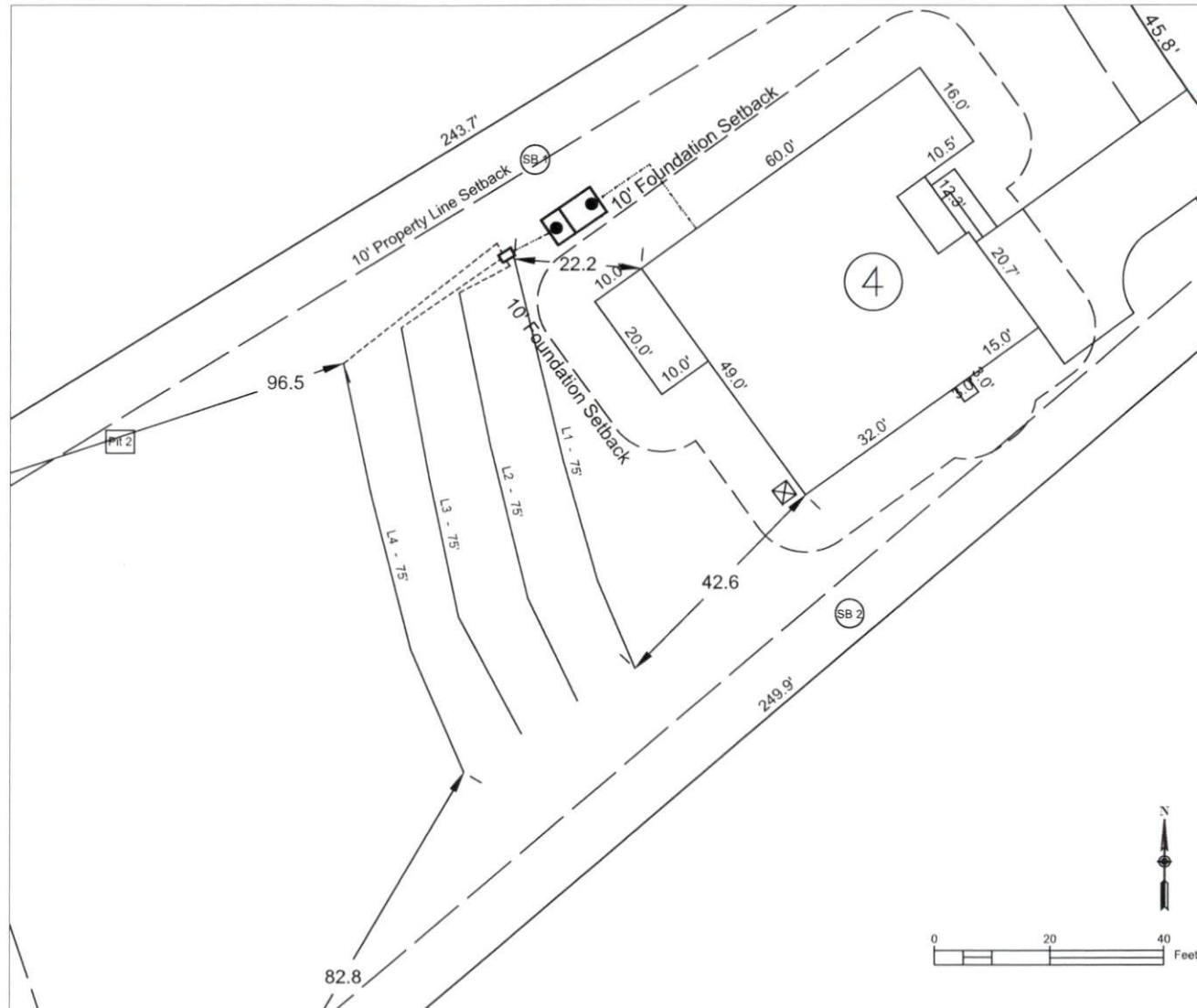
Installation Notes:

Contractor to adjust tank placements as necessary to maintain:

1. 10' downslope NO foundation drain
2. Min. 12" cover over Septic Tank (Not to exceed 36")
3. Min. 18" cover over pipes
4. Min. 2% grade on gravity pipe from house to Septic Tank

Note:

Primary distribution is parallel w/ D-box. Primary is Infiltrator EZ Flow.



1 System Layout

SOURCE: Agri-Waste Technology, Inc.

AWT
Engineers and Soil Scientists

Agri-Waste Technology, Inc.
1225 Crescent Green, Suite 250
Cary, North Carolina 27518
919-859-0669
www.agriwaste.com

KB Home
Birchwood Trails - Lot 4

Project Location:
138 Birchwood Drive
Fuquay Varina, NC 27526
Harnett County
PIN: 0642-74-5525

Project Owner:
KB Home
1800 Perimeter Park Drive, STE 140
Morrisville, NC 27560
919-768-7960
enp@kbhome.com

NC ONSITE WASTEWATER
EVALUATOR SEAL



REV. ISSUED DATE DESCRIPTION

SHEET TITLE

Primary Layout

DRAWN BY: H. Clapp
CREATED ON: 10/3/2025

REVISED BY: #####
REVISED ON: #####

RELEASED BY: #####
RELEASED ON: #####

DRAWING NUMBER

WW-3G