Permit/File #:	1-007
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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: 9596-23-6		-		
Issued To: Onsite Homes, I	LLC, 2931 Breezewoo	d Ave., Suite 202, Fayetteville, NC	28303	
Property Location: 346 D L F	Phillips Lane, Broadwa	y, NC 27505		
Subdivision (if applicable) Can	iterbury Glen	Lot #: 3	Block: Section:	
LSS Report Provided: Yes				
If yes, name and license number	er of LSS: Michael D. Ea	ker, #1030		
New Single Family	Expansion Dwelling	System Relocation	Change of Use	
Number of bedrooms: 4	Number of Occupants: 8 c	or less Other:		
Design Wastewater Strength:		☐ High Strength ☐ Industri		
Proposed Design Daily Flow:	480 <sub>GPD</sub>	Proposed LTAR /Initial). 0.6 gpd/ft2	ranged LTAR (newsist, 0.6 and/ff2	
Proposed Wastewater System	Type*: Pump to Accept	ed (Initial) Dump Boo	with a late of the	
Proposed Wastewater System	Type*: Pump to Accept	red (Repair) Pump Reg	uired: Yes No May be required	
*Please include system classific	cation for proposed wastew	ater system types in accordance with Rule	.1301 Table XXXII	
		☐TS-II ☐ RCW		
		System (Repair): Yes No		
Fill System (Initial): Yes	No If yes, specify: New	w Existing (when adding more than 6	inches of fill to system area provide a fill plan)	
Fill System (Repair): Yes	No If yes, specify: Ne	w Existing (when adding more than i	inches of fill to system area provide a fill plant	
Usable Depth to LC (Initial)x: >	48"	Usable Depth to LC (Repair)x; >48"	* Limiting Condition	
Max. Trench Depth (Initial)*: 2	4 Max. Tre	nch Depth (Repair)*: 24 #	Measured on the downhill side of the trench	
Artificial Drainage Required:	Yes No If yes, please	e specify details:		
Type of Water Supply: Priva	te well Public well	Shared well Municipal Supply	Spring Other:	
Drainfield location meets requi	rements of Rule .0508: Yes	No Drainfield location meets r	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 attached detail shee			MINIMINIAN TE WAS SAIN	
		TO THE STATE OF TH	Certification Number	
Septic and Pump Tanks must be	Certified Water Fight	116 STEAL	10013E : 3	
		W O Comment P O	Medatuaro Rimini	
Licensed Soil Scientist Print Nan	ne: Michael D. Eaker			
Licensed Soil Scientist Signature	nn.		Date: 11/11/25	
		ek pursuant to and meets the requirements	Date.	
NCDHHS/DPH/EHS/OSWP	*5	ee arrached site sketch		
- 35 =		OF NORTH	Revised January 2024 Form A2CF-24.1	



Permit/File #: 201007

## This Section for Local Health Department Use Only

Initial submittal received: 11-21-25 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			
State Authorized Agent: Date:			
State Authorized Agent: Mch REHO  Date: _//- 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: _//- 24-30			

\*See attached site sketch\*





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

County: Harnett	re-Construction Conference Required: Yes No			
PIN/Lot Identifier: 9596-23-6680.000, Lot 3	NO			
Issued To: Onsite Homes, LLC, 2931 Breezewood Ave., Su	ite 202, Fayetteville, NC 28303			
Property Location: 346 D L Phillips Lane, Broadway, NC 275	505			
AOWE/PE Plans/Evaluations Provided: Yes 🔳 No 🗌 If yes, name a	nd license number of AOWE/PE: Michael D. Eaker, 10013E			
Facility Type: Single Family Dwelling				
Number of bedrooms: 4 Number of Occupants: 8 or iess Other:				
	Relocation Change of Use			
Basement? Yes No Basement				
Crawl Space? Yes No Slab Found	ation? Pyes No			
Type of Wastewater System* Pump to Accepted	(Initial) Pump to Accepted (Repair)			
*Please include system classification for proposed wastewater system				
Design Daily Flow: 480 GPD Wastewater Stren	gth: Domestic High Strength Industrial Process WW			
Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flo (if yes, please provide engineering documentation)	w Fixtures and Low-flow Technologies? Yes No			
Effluent Standard: 🔳 DSE 🗌 HSE 🗌 NSF/ANSI 40 🔲 TS-I	□ TS-II □ RCW			
Type of Water Supply: Private well Public well Shared v	well Municipal Supply Spring Other:			
Installation Requirements/Conditions				
Septic Tank Size: 1000 gallons Total Trench/Bed Length: 210	feet Trench/Bed Spacing: 9 feet on center			
Trench/Bed Width: 36inches LTAR: 0.6 gpd/ft2gpd/ft2	Usable Depth to LC (Initial)*: >48"			
Soil Cover: b inches Slope Corrected Maximum Trench/Bed D	epth <sup>‡</sup> : 24 inches <sup>‡</sup> Measured on the downhill side of the trench			
Pump Tank Size (if applicable): 1000 gallons Requires m	ore than 1 pump? Yes No			
Pump Requirements: 16.0 ft. TDH vs. 21.33 GPM Grease Tra	p 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 de	tails:			
Legal Agreements (If the answer is "Yes" to any type of legal agreemen	nts, 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				
Management Entity Required: 🗌 Yes 🔳 No Minimum O&M Requi	rements:			
Permit conditions:				
Install as per attached detail sheet/map. No soil disturbance allowed in drain	nfield area.			
Septic and Pump Tanks must be Certified Water Tight	Certification Rumber			
Tight	TOUTSE TO			
with the attached site sketch. This Construction Authorization is subj	o this permit and shall be met. Systems shall be installed in accordance lect to revocation if the site plan, plat, or the intended use changes. The rship of the site. This Construction Authorization is subject to someliness.			
AOWE/PE Signature:	Date: 11/11/25			
	eets the requirements of G.S. 130A-335(a2) and (a5).			
	and lawle			

\*See attached site sketch\*



Permit/File #:	5110157
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## This Section for Local Health Department Use Only

Initial submittal received: Date by 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:				
g control of control o				
Copies of this were sent to the AOWE/PE and the Applicant on				
	Date			
State Authorized Agent:	Date:			
1				
Complete				
State Authorized Agent: Make We REHU	Date of Issuance: //- 24/-25			
State Authorized Agent: Low Low Lety  This Construction Authorization is issued pursuant to G.S. 130A-335 attached here. This Construction Authorization is subject to revocat Construction Authorization shall not be affected by a change in own to compliance with the provisions of the Laws and Rules for Sewage	ion if the site plan, plat, or the intended use changes. The			
The Department, the Department's authorized agents, and the loca any liabilities, duties, and responsibilities imposed by statute or in orplans, evaluations, preconstruction conference findings, submittals, the General Statutes as a licensed engineer or a person certified pur Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), agents, and the local health departments shall be responsible and be obligations under State law or rule, including the issuance of the op	ommon law from any claim arising out of or attributed to or actions from a person licensed pursuant to Chapter 89C of Suant to Article 5 of Chapter 90A of the General Statutes as an and (a7). The Department, the Department's authorized ear liability for their actions and evaluations and other			
Construction Authorization Expiration Date: 1/-74-30				

