

Permit #: _____



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: [x] (a2) Improvement Permit [] (a2) Construction Authorization [] Fee \$ _____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Robeson
PIN/Lot Identifier: 06090138 Tract 2 to be subdivided
Issued To: Buck's Car Wash, LLC
Property Location: Near the South Carolina State Line on West White Pond Rd., Fairmont, NC
Subdivision (if applicable): Tract 2 Lot #: _____ Block: _____ Section: _____
LSS Report Provided: Yes [x] No []
If yes, name and license number of LSS: NCBLSS# 1322

New [x] Expansion [] System Relocation [] Change of Use []
Proposed Structure: 2 Bedroom Single Family Residence

Number of bedrooms: 2 Number of Occupants: 4 Other: _____

Design Wastewater Strength: [x] domestic [] high strength [] industrial process

Proposed Design Daily Flow: 240 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: Fill System IIIc (Initial) Pump Required: [] Yes [] No [x] May be required

Proposed Wastewater System Type*: Fill System IIIc (Repair) Pump Required: [] Yes [] No [x] May be required

*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)

Saprolite System (initial): [] Yes [x] No Saprolite System (repair): [] Yes [x] No

Fill System (Initial): [x] Yes [] No If yes, specify: [x] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): [x] Yes [] No If yes, specify: [x] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 13 - 23 inches Usable Soil Depth (Repair): 13-23 inches

Max. Trench Depth (Initial)*: 18 inches Max. Trench Depth (Repair)*: 18 inches * Measured on the downhill side of the trench

Artificial Drainage Required: [] Yes [x] No If yes, please specify details: _____

Type of Water Supply: [x] Private well [] Public well [] Shared well [] Municipal Supply [] Spring [] Other: _____

Drainfield location meets requirements of Rule .1945: Yes [x] No [] Drainfield location meets requirements of Rule .1950: Yes [x] No []

Permit valid for: [x] Five years [site plan submitted pursuant to GS 130A-334(13a)] [] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
Prior to issuing the Construction Authorization Permit the property shall be subdivided and recorded at the Robeson County Registered of Deeds office. No vehicle traffic over any part of the septic system. All parts of the wastewater system shall be 5 ft from any structure, 10 ft from any water line, 25 ft from side ditch, 100 ft from any private water supply well.
18 inch fill pad required. Final Fill elevation shall be 13.5" above the bench mark elevation (bench mark elevation is the middle of the road on the right side property line). See site plan.

Licensed Soil Scientist Print Name: Danny Thornton

Licensed Soil Scientist Signature: [Signature] Date: June 19, 2024

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



Permit #: _____

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
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: _____ Date: _____

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 by the Health Department 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 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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: _____

See attached site sketch



Permit #: _____

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Licensed Soil Scientist

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal 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: _____

Date: _____

**Fill System
(Greater than 6" of soil cover)**

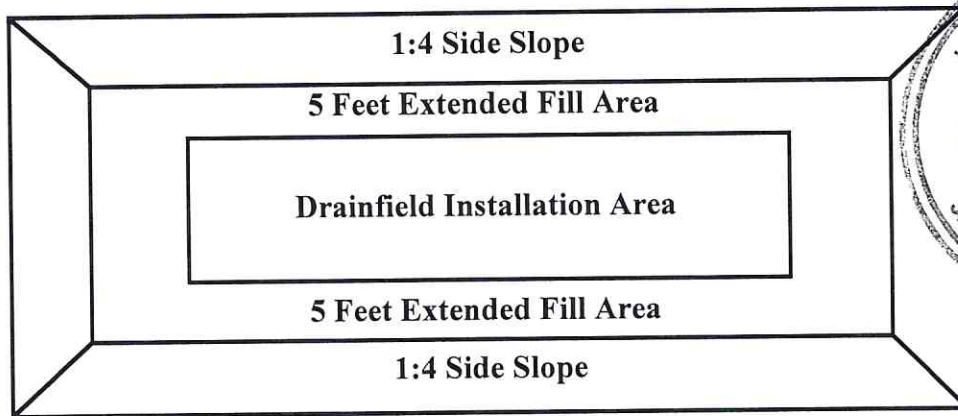
Procedure:

- 1) Fill shall be placed in the exact location that is shown on the Site Plan.
- 2) Prior to the installation of fill, remove vegetation, remove root mat, and disc area.
- 3) Install the first elevation of Group I (Sand or Loamy Sand) fill to the correct depth. Ensure that the soil is placed over the entire nitrification field and extends laterally five feet beyond the nitrification trench.
- 4) Ensure that the first 4"-6" of Group I fill is thoroughly blended with the natural soil to a depth of 6" below the natural ground surface.
- 5) Add the final 6" of Group II Soil (Sandy Loam), Group III Soil (Sandy Clay Loam), or Topsoil, to the correct depth.
- 6) Construct side slopes from the top edge of the fill tapered down to the natural ground surface.
- 7) The fill pad must be covered with seed and straw, or other approved method.
- 8) The final 6 inches of soil cover, seed, and straw shall be inspected and approved by LHD, prior to issuance of the Operation Permit.

Details:

- 1) Benchmark Location: MIDDLE OF W. WHITE ROAD ON RIGHT SIDE PROPERTY LINE
- 2) Top of first elevation of fill in relation to benchmark: 7.5" ABOVE BME
- 3) Top of finished elevation of fill in relation to benchmark: 13.5" ABOVE BME
- 4) Total Depth of fill (inches): 18 INCHES
- 5) Total Area of fill (feet x feet): 43' X 110'
 - System and buffer zone (feet x feet): 31' X 98'
 - Length of side slope (feet): 6 FT

**Diagram Example
Top View (not to scale)**



TPN: 06090138 TO BE SUBDIVIDED, SITE PLAN TRACT 2

SYSTEM DESIGN

STRUCTURE: 2 BED ROOM SINGLE FAMILY RESIDENCE

FLOW DESIGN: 240 gpd

INITIAL SYSTEM

* REPAIR AREA DESIGN SAME AS INITIAL

LTAR - 0.3 gpd/sqft

SYSTEM TYPE - FILL SYSTEM (GRAVITY) IIIc

SQUARE FEET - 800 sqft

LINEAR FEET - 267 L.F.

3 LINES = 3 FT X 88 FT
ON 9 FT CENTERS

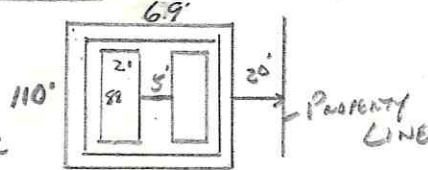
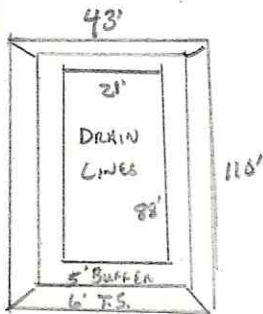
SYSTEM AREA: 21 FT X 88 FT

FILL SYSTEM = 18 INCHES

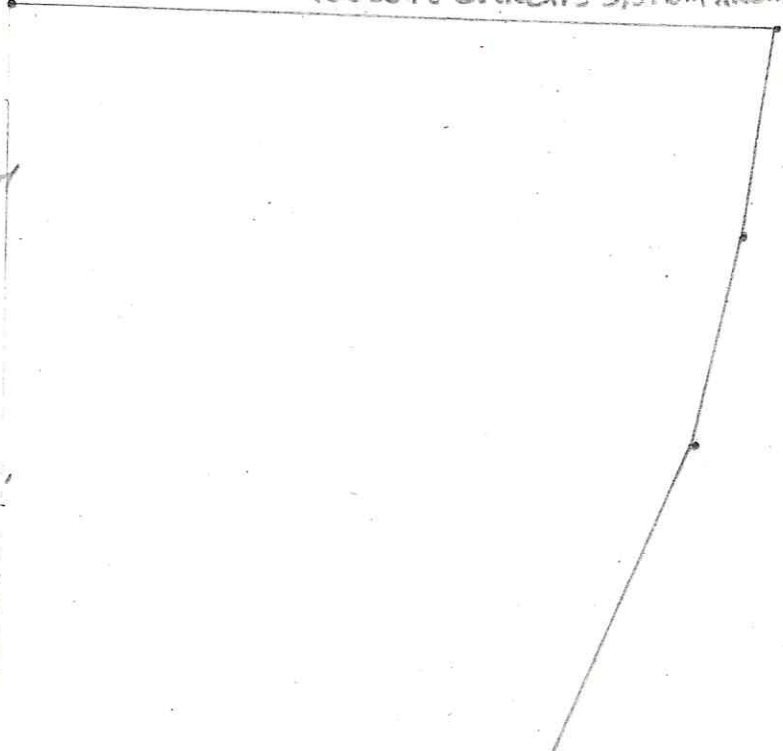
FILL DIMENSION

- 5 FOOT BUFFER
- 6 FOOT TOP SLOPE

TOTAL FILL AREA: 43' X 110'



* USE SAME FOOT BUFFER
* TOP SLOPE OVERLAPS SYSTEM AREAS.



BME - BENCH MARK
ELEVATION
MIDDLE OF ROAD

1ST 12" OF FILL (GROUP I) SANDY SOIL = 7.5" ABOVE BME

2ND 6" OF FILL (TOP SOIL) GROUP II OR III SOIL = 13.5" ABOVE BME



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

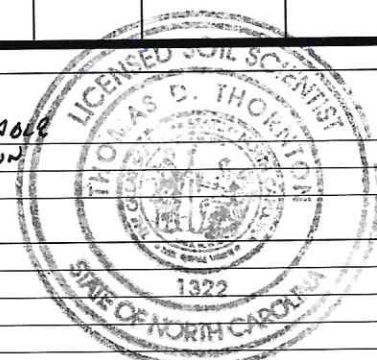
(Complete all fields in full)

OWNER: AMANON PAUL WEBSTER DATE EVALUATED: 6/1/24
 ADDRESS: 2669 W. WHITE POND RD.
 PROPOSED FACILITY: SFR-2 BR PROPOSED DESIGN FLOW (.0400): 240 gpd PROPERTY SIZE: 31.1 Acres
 LOCATION OF SITE: TRACT 2 W. WHITE POND PROPERTY RECORDED: 02249/0154
 WATER SUPPLY: Public Single Family Well Shared Well Spring Other WATER SUPPLY SETBACK: 100 FT
 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		0-6	LS		2.5Y 3/2					
		6-10	SL		2.5Y 5/4 5/3	S	-	-	S	
		10-18	SL		2.5Y 6/6 2.5Y 5/4 5/3 4/3				0.3	✓
		18-24	SCL		2.5Y 6/6 2.5Y 5/4 5/3 4/2					
2		0-12	SL		2.5Y 3/2	S				
		12-16	SL+		2.5Y 5/3 5/4 6/4		-	-	S	
		16-23	SL+		10YR 5/4 2.5Y 6/4				0.3	✓
		23-30	SCL	S SP S6XP	10YR 5/4 5/2 2.5Y 6/2 5/4					
3		0-9	SL		2.5Y 3/2	S				
		9-13	SL+		2.5Y 5/4 6/4				S	
		13-24	SCL		10YR 5/4 6/4 6/2		-	-	0.3	✓
4		0-9	SL		2.5Y 3/2	S				
		9-16	SL+		2.5Y 5/3		-	-	S	
		16-26	SCL		2.5Y 5/3 6/4 5/2				0.3	✓

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	IIIc	IIIc
Site LTAR	0.3	0.3
Maximum Trench Depth	18"	18"

SITE CLASSIFICATION (.0509): SUITABLE
 EVALUATED BY: DANNY THORNTON
 OTHER(S) PRESENT: _____



LEGEND

TRACT 2

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft ²)	SAPROLITE LTAR (gpd/ft ²)	LPP LTAR (gpd/ft ²)	MINERALOGY/ CONSISTENCE		STRUCTURE	
						MOIST	WET		
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	MOIST	WET	SG (Single grain)	
CV (Convex Slope)		LS (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)	
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)	
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)	
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)	
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)	
L (Linear Slope)		CL (Clay loam)		None		0.15 - 0.3	EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)		
R (Ridge/summit)		Si (Silt)						VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4	0.05 - 0.2	SEXP (Slightly expansive)				
T (Terrace)		SiC (Silty clay)			EXP (Expansive)				
TS (Toe Slope)		C (Clay)							
		O (Organic)	None			BME = 35.04 GE = 39.36			

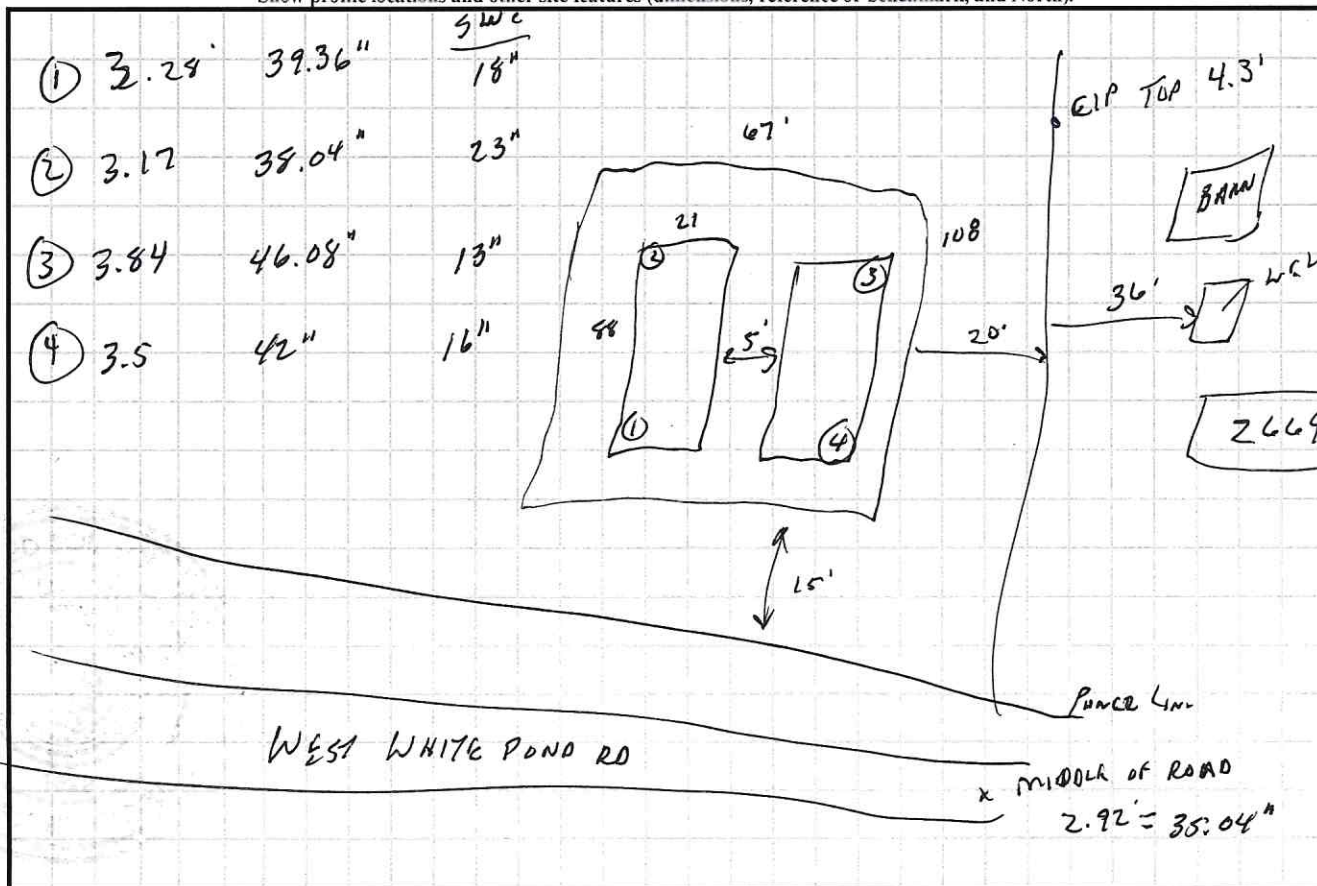
* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
 **Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH
 DEPTH OF FILL
 RESTRICTIVE HORIZON
 SAPROLITE
 SOIL WETNESS
 CLASSIFICATION

Inches below natural soil surface
 In inches from land surface
 Thickness and depth from land surface
 S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
 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
 S (Suitable) or U (Unsuitable)

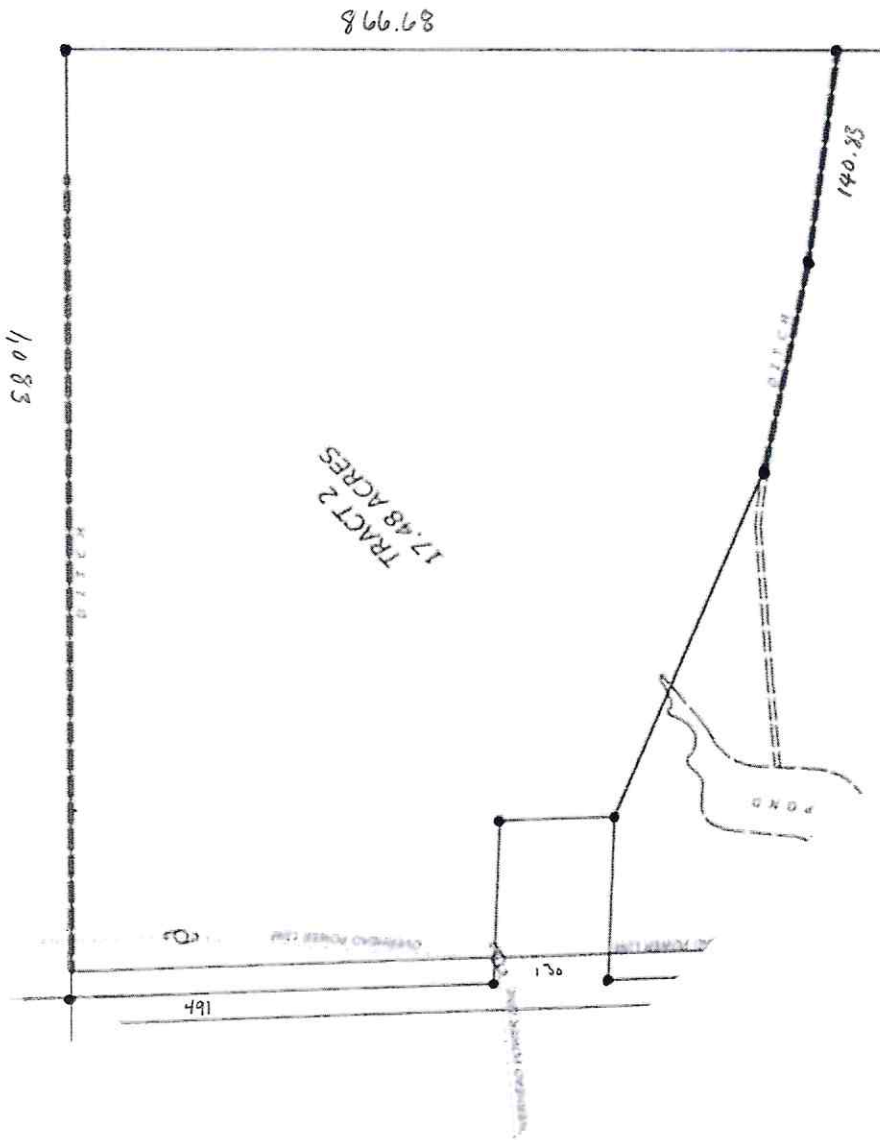
4.32 BELOW BME
 Fill = 18.00
 13.68 ABOVE BME

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



Tract 2

NC GRID NORTH NAD 83 (20)



TRACT 2
17.48 ACRES

TRACT 1
14.62 ACRES



I, JERRY W. LEE, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL GPS SURVEY MADE UNDER MY SUPERVISION AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE SURVEY:

- (1) CLASS OF SURVEY: CLASS C
- (2) POSITIONAL ACCURACY: 0.15" HORIZONTAL
- (3) TYPE OF GPS FIELD PROCEDURE: RTK
- (4) DATE OF SURVEY: APRIL 23, 2024
- (5) DATUM/EPOCH: NAD 83 (NSRS 2011)
- (6) PUBLISHED/FIXED-CONTROL USE: 2001
- (7) GEOID MODEL: GEOID 12A
- (8) COMBINED GRID FACTOR: 0.99993351
- (9) UNITS: US SURVEY FEET

NORTH CAROLINA
ROBESON COUNTY

I, JERRY W. LEE, PLS #439, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE SURVEY:

(1) CLASS OF SURVEY: CLASS C

(2) POSITIONAL ACCURACY: 0.15" HORIZONTAL

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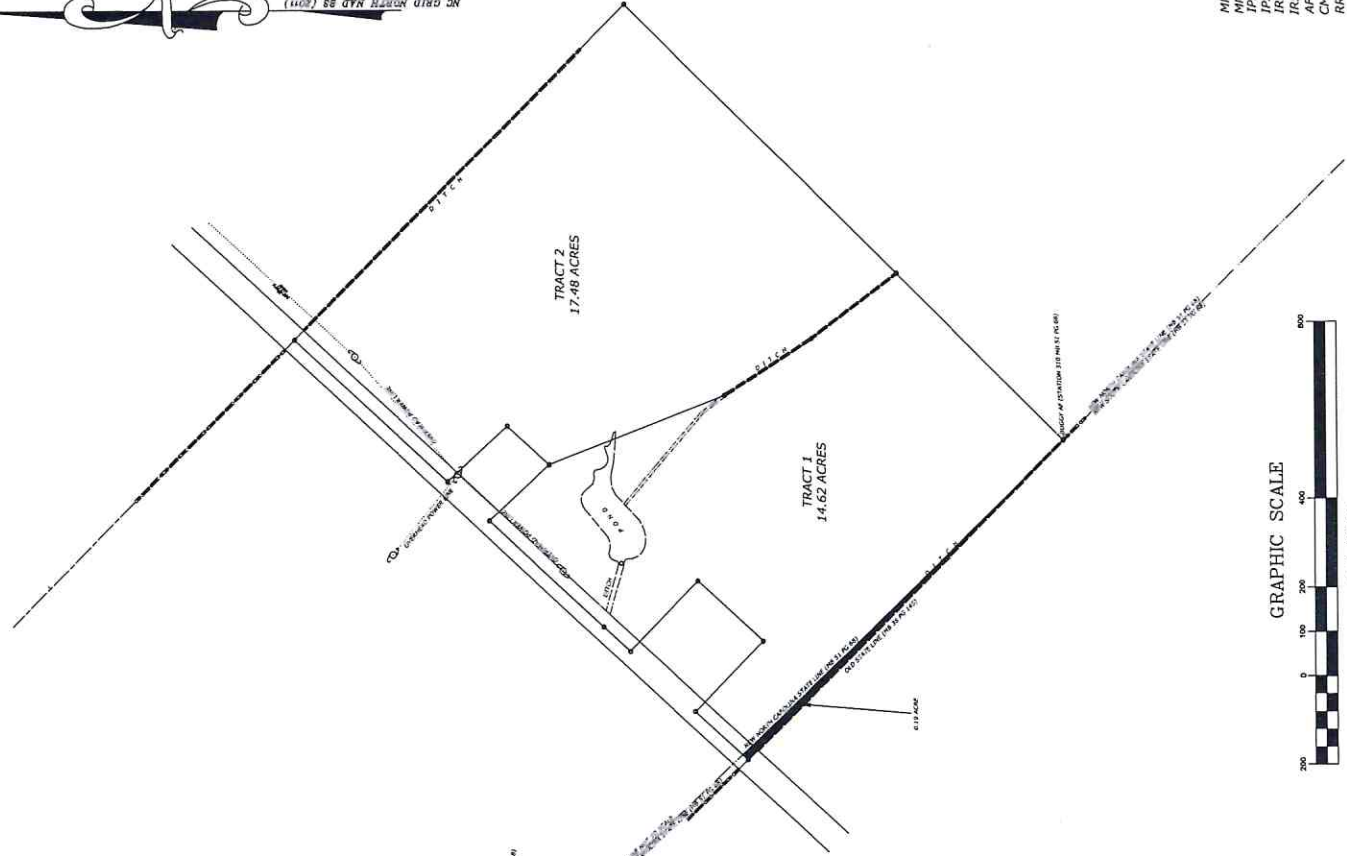
(8) COMBINED GRID FACTOR: 0.99993351

(9) UNITS: US SURVEY FEET

THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

REGISTRATION NO. L-429 LAND SURVEYOR

SURVEY SEAL



- LEGEND**
- MNF - NAIL FOUND
 - IRP - IRON PIPE FOUND
 - IPS - IRON PIPE SET
 - IRF - IRON ROD FOUND
 - IRS - IRON ROD SET
 - AF - AXLE FOUND
 - CMF - CONCRETE MONUMENT FOUND
 - RRSF - RAILROAD SPIKE FOUND
 - CP - CALCULATED POINT
 - PPF - PUMP PIPE FOUND
 - CH - CHORD
 - FF - FIRE HYDRANT
 - SS - SANITARY SEWER MANHOLE

NOTES:

1. ALL DISTANCES ARE HORIZONTAL GROUND.
2. AREA COMPUTED BY THE COORDINATE METHOD.
3. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHTS, AND INTERESTS OF RECORD.
4. THIS SURVEY IS SUBJECT TO ANY FACTS DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

SUBDIVISION ADMINISTRATOR AUTHORIZED _____ DATE _____

REPRESENTATIVE

CERTIFICATION OF EXEMPTION FROM SUBDIVISION ADMINISTRATOR OR AGENT

I HEREBY CERTIFY THAT THE PROPERTY SHOWN AND DESCRIBED HEREON IS EXEMPT FROM THE SUBDIVISION REGULATIONS OF ROBESON COUNTY PURSUANT TO SECTION 308 (C) _____ 3 _____.

STATE OF NORTH CAROLINA
COUNTY OF ROBESON

I, _____ REVIEW OFFICER OF ROBESON COUNTY CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER

DATE

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
OF HIGHWAY APPROVED FOR RECORDATION

BY: _____

DATE: _____

OWNER _____

DATE _____

I/WE HEREBY CERTIFY THAT I/WE ARE THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I/WE HEREBY ADOP THIS PLAN OF SUBDIVISION TO THE PROPERTY SHOWN AND DESCRIBED HEREON WITH ALL RIGHTS, EASEMENTS, ALLEYS, WALKS, EASEMENTS, PARKS, AND OTHER OPEN SPACES TO PUBLIC OR PRIVATE USE AS NOTED

MINOR SUBDIVISION FOR
BUCKY'S CAR WASH, LLC.

CURRENT OWNER
FRANCES M. WILLIAMSON LF. EST.
FAIRMONT TOWNSHIP
ROBESON COUNTY NORTH CAROLINA
DATE-APRIL 23, 2024 SCALE: 1"=100'
TITLE REFERENCE: DB 1021 PG 6
MB 38 PG 93
TAX # 050505008

JERRY W. LEE, PLS #439
PROFESSIONAL LAND SURVEYOR
LUMBERTON, N.C. 28059
email: jerry@jerrywlee.com