

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 1 to be subdivided
Issued To: Buck's Car Wash, LLC
Property Location: Adjacent to South Carolina State Line on West White Pond Rd., Fairmont, NC
Subdivision (if applicable) Tract 1 Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_
LSS Report Provided: Yes [x] No [ ]
If yes, name and license number of LSS: NCBLS# 1322

New [x] Expansion [ ] System Relocation [ ] Change of Use [ ]

Proposed Structure: 4 Bedroom Single Family Residence

Number of bedrooms: 4 Number of Occupants: 8 Other: \_\_\_\_\_

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

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.45 Proposed LTAR (Repair): 0.45

Proposed Wastewater System Type\*: Conventional System Ila (Initial) Pump Required: [ ] Yes [x] No [ ] May be required

Proposed Wastewater System Type\*: Conventional System Ila (Repair) Pump Required: [ ] Yes [x] No [ ] 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): [ ] Yes [x] 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 [x] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 24-29 inches Usable Soil Depth (Repair): 24-29 inches

Max. Trench Depth (Initial)\*: 12 - 16 inches Max. Trench Depth (Repair)\*: 12 - 16 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.
Six inch soil cover required. Trench Bottom Depth no deeper than 14.75" from bench mark elevation (bottom run of white fence located on 2777 W. White Pond Rd). 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: \_\_\_\_\_



TPN: 06090138 TO BE SUBDIVIDED SITE PLAN TRACT 1



SYSTEM DESIGN

STRUCTURE: 4 BED ROOM SINGLE FAMILY RESIDENCE

FLOW DESIGN: 480 gpd

INITIAL SYSTEM

LTAH - 0.45 gpd/sqft

SYSTEM TYPE - CONVENTIONAL SYSTEM IIa

SQUARE FEET - 1067 FT<sup>2</sup>

LINEAR FEET - 356 FT

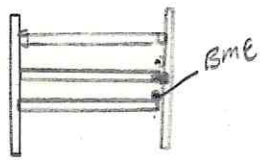
4 LINES - 3 FT X 89 FT  
ON 9 FT CENTERS

SYSTEM AREA - 30' X 89'

6" TOP SOIL REQUIRED

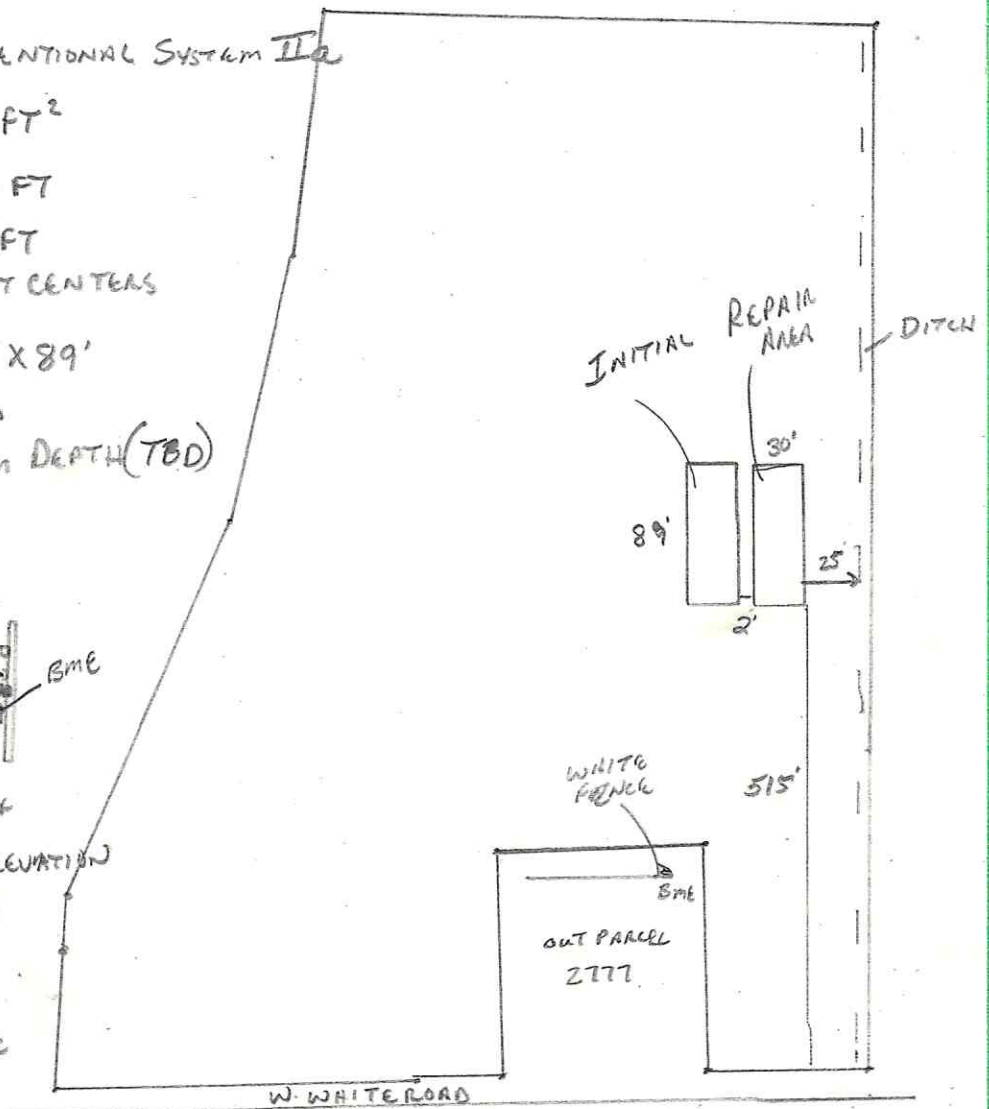
12" TRENCH BOTTOM DEPTH (TBD)

WHITE FENCE POST



TOP OF BOTTOM RUN OF  
FENCE = BENCH MARK ELEVATION  
(BME)

TBD = 14.75" BELOW  
BME



\* REPAIR AREA DESIGN SAME AS INITIAL SYSTEM.

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: AMANDA PAULK WEBSTER DATE EVALUATED: 6/1/24  
 ADDRESS: 2609 W WHITE POND RD  
 PROPOSED FACILITY: SCR-4BA PROPOSED DESIGN FLOW (.0400): 480gpd PROPERTY SIZE: 31.1 Acres  
 LOCATION OF SITE: TRACT 1 WHITE POND RD 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		0-8	LS	NS NP SCLP	2.5Y 4/2					
		8-12	SL	SS SP SCLP	2.5Y 5/3 w/ 7.5YR 4/4	N/A	N/A			
		12-23	SCL-	S SP SCLP	10YR 5/3 w/ 7.5YR 4/4				U	N/A
		23-27	SCL-	S SP SCLP	10YR 5/3 w/ 2.5YR 4/4 10YR 5/2					
		27-36	SCL	S SP SCLP	10YR 5/2 5/3 7.5YR 4/4					
2		0-10	LS	NS NP SCLP	2.5Y 3/2					
		10-18	SL	NP SS SCLP	2.5Y 4/3 7/3					
		18-24	SCL+	SP SS SCLP	2.5Y 5/3	N/A	N/A			
		24-29	SCL-	SS SP SCLP	2.5Y 5/3 w/ 10YR 4/4				0.5	N/A
		29-36	SCL	SS SP SCLP	2.5Y 5/3 w/ 10YR 4/4 2.5Y 5/2					
3		0-10	LS	NP NS SCLP	2.5Y 5/2					
		10-16	SL-	NP SS SCLP	2.5Y 4/3 2/3	N/A	N/A		U 0.4	
		16-24	SCL	SP SS SCLP	2.5Y 5/3 10YR 4/4				0.3	N/A
		24-30	SCL	SP SS SCLP	2.5Y 5/3 10YR 4/4 2.5Y 5/2					
4		0-12	LS							
		12-16	SL-	SAME AS						
		16-24	SCL	3	2Y <sup>u</sup>	N/A	N/A		0.4	N/A
		24-30	SCL							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	IIa	IIa
Site LTAR	0.45	0.45
Maximum Trench Depth	24"	24"

SITE CLASSIFICATION (.0509): SUITABLE  
 EVALUATED BY: DANNY THOMPSON  
 OTHER(S) PRESENT: None

Comments:

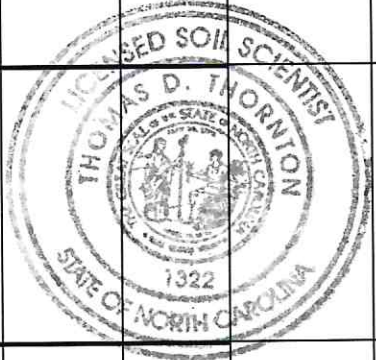
**SOIL/SITE EVALUATION**  
(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SECTION  
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 06090138  
DATE OF EVALUATION: 6/1/24  
COUNTY: Robeson

*Tract 1 W. WHITE POND RD*

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		
5	36 RPL	0-12	LS		2.5Y 5/3	> 36"	S	S	0.5	NA
		12-19	SL		2.5Y 4/3 7/3					
		19-29	SCL		10YR 5/3					
		29-36	SLL		4/2.5Y 5/2					



COMMENTS: \_\_\_\_\_

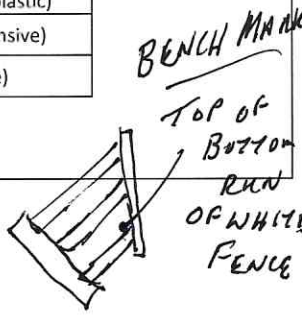


# LEGEND

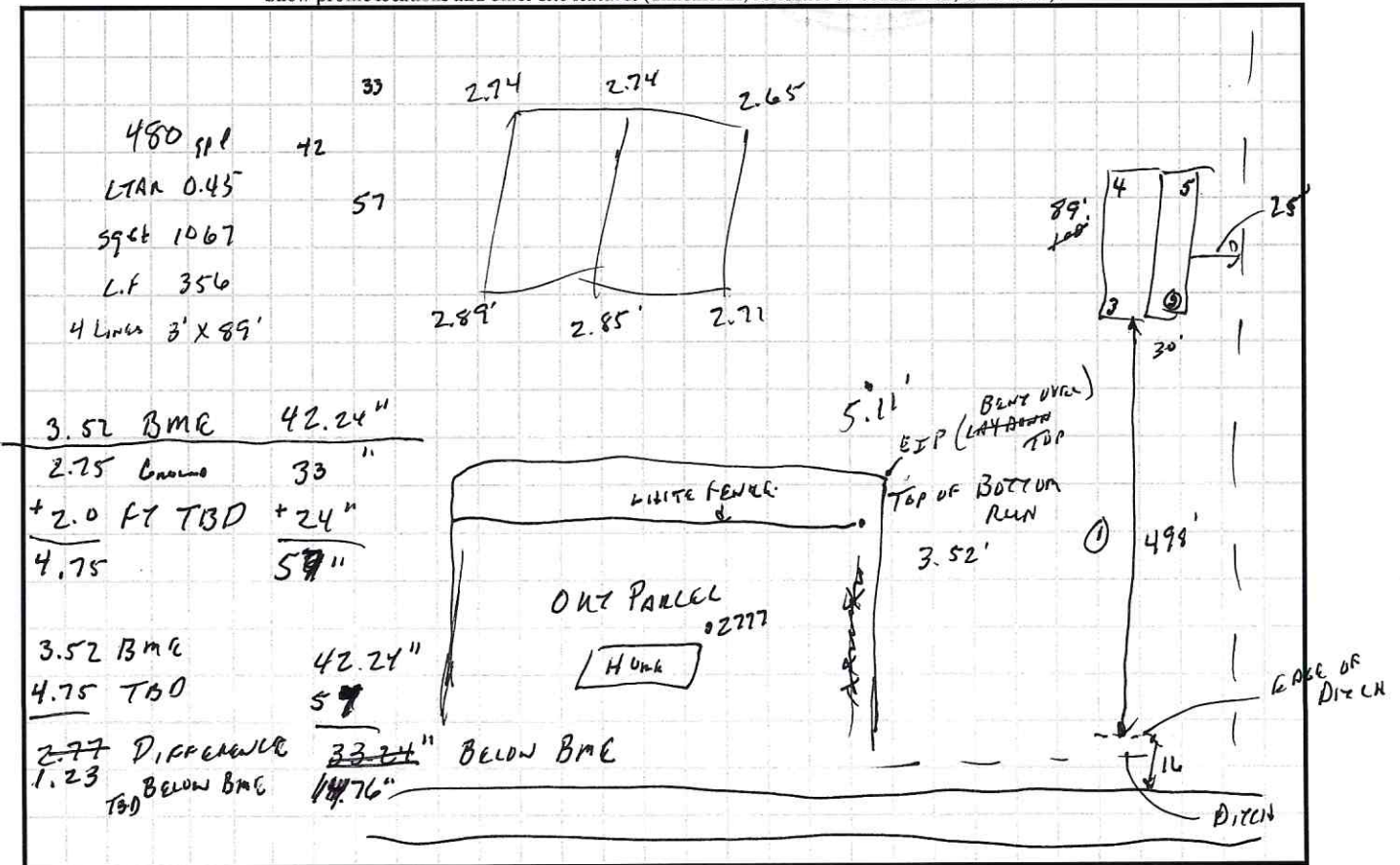
TRACT #

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
						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		EFL (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					

\* 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)

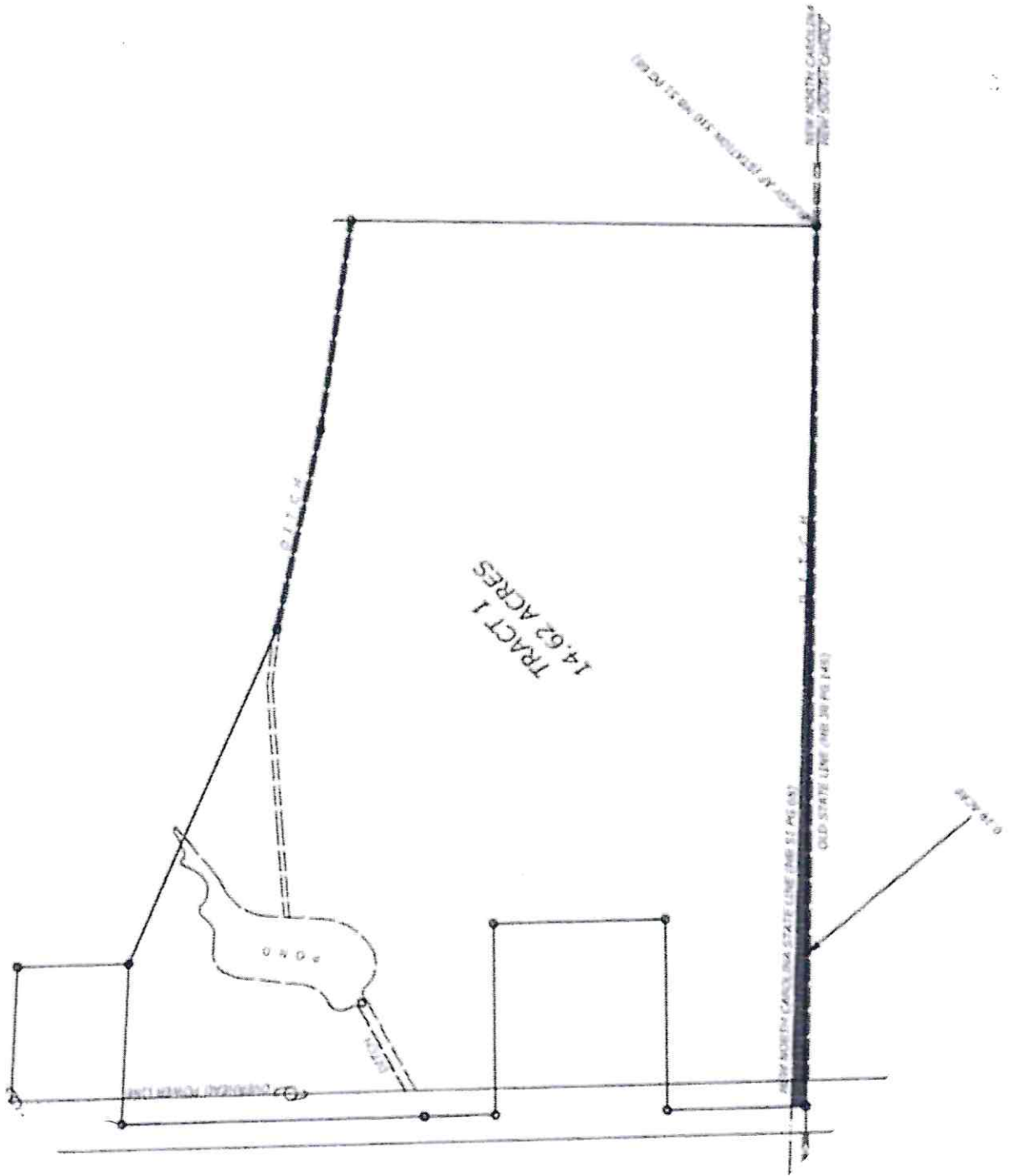


Show profile locations and other site features (dimensions, reference or benchmark, and North).

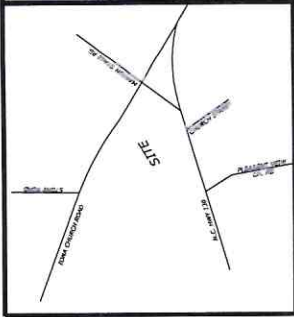


TRAC  
17.48 A

TRACT 1  
14.62 ACRES







NOT TO SCALE  
VICINITY MAP

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) DATES OF SURVEY: APRIL 23, 2024
- (5) DATUM/EPOCH: NAD 83 (NRS 2011)
- (6) PUBLISHED/FIXED-CONTROL USE: 2001
- (7) GEOID MODEL: GEOID 12A
- (8) COMBINED GRID FACTOR: 0.99993351
- (9) UNITS: US SURVEY FEET

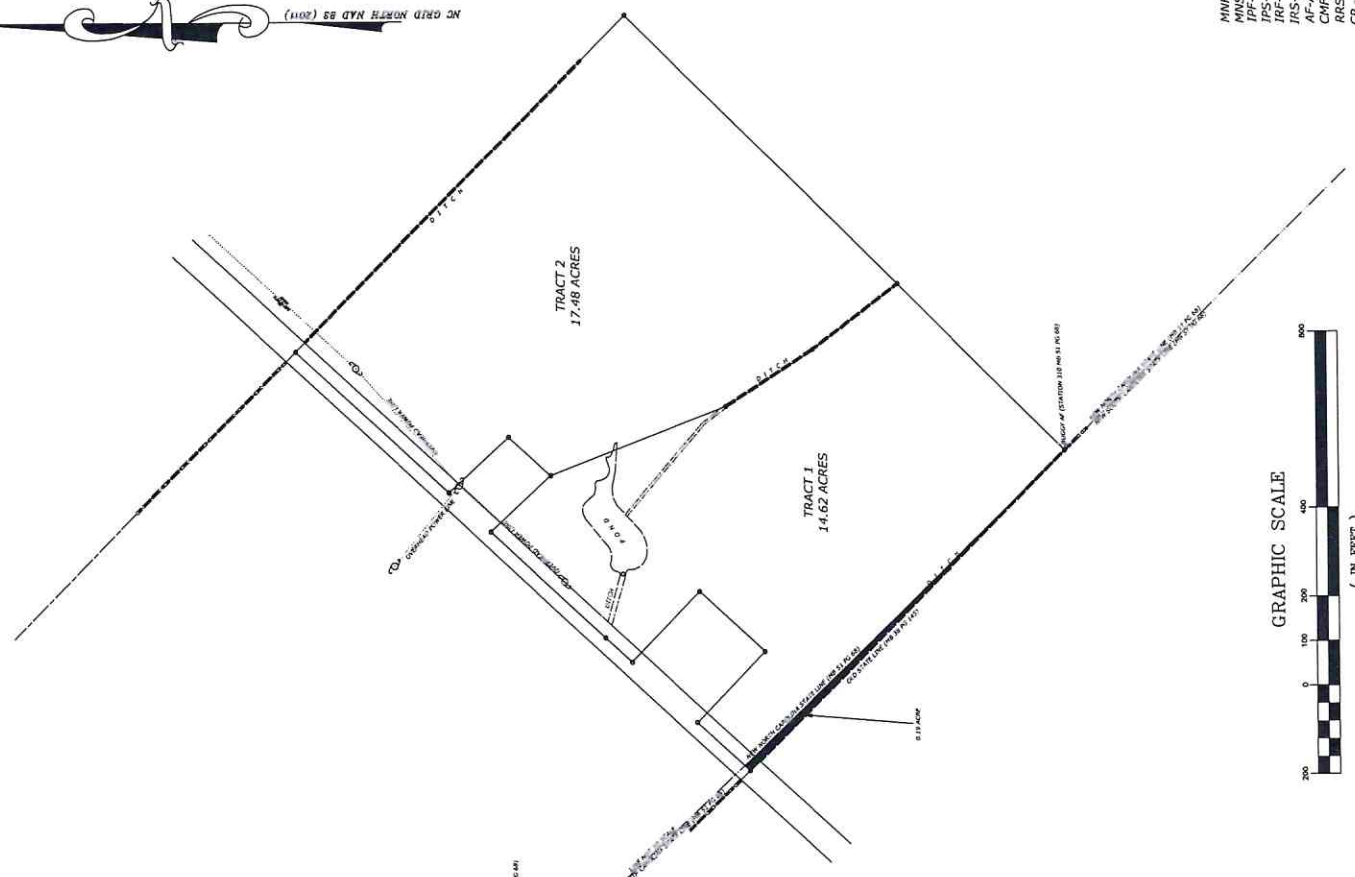
NORTH CAROLINA  
ROBESON COUNTY

JERRY W. LEE, PLS #4249, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION AND DESCRIPTION RECORDED IN DEED BOOK(S) REFERENCED. THAT THE GLOBAL POSITIONING SYSTEM (GPS) USED CONFORMS TO THE STANDARDS SET BY THE NATIONAL TRIANGULATION SERVICE, USING N.C. RTK NETWORK AND 1:10000 OR GREATER. THAT THE BOUNDARY NOT SURVEYED AS CALCULATED IS BROKEN LINES PLOTTED FROM INFORMATION PROVIDED BY THE LANDOWNER THAT THIS SURVEYING IN NORTH CAROLINA G.S. 47-30 AS AMENDED WITNESS MY HAND AND SEAL THIS DAY OF APRIL 23, 2024.

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-4249 LAND SURVEYOR

SURVEY  
SEAL



- LEGEND
- MNF - MAIL FOUND
  - PIP - IRON PIPE FOUND
  - IFP - IRON PIPE SET
  - IRF - IRON ROD FOUND
  - IRF - IRON ROD SET
  - AF - AXLE FOUND
  - CMF - CONCRETE MONUMENT FOUND
  - RRSF - RAILROAD SPIKE FOUND
  - CP - CALCULATED POINT
  - PPF - PUMP PIPE FOUND
  - CH - CHORD
  - XX - FIRE HYDRANT
  - ⊗ - SANITARY SEWER MANHOLE

GRAPHIC SCALE  
( IN FEET )  
1 inch = 200 ft.

I/WE HERBY CERTIFY THAT I/WE ARE THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON THAT I/WE HERBY GIVE CONSENT AND DEDICATE ALL RIGHT OF WAYS, STREETS, ALLEYS, WALKS, EASEMENTS, PARKS, AND OTHER OPEN SPACES TO PUBLIC OR PRIVATE USE AS NOTED

OWNER \_\_\_\_\_  
DATE \_\_\_\_\_

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
OF HIGHWAY APPROVED FOR RECORDATION

BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

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 \_\_\_\_\_

CERTIFICATION OF EXEMPTION FROM SUBDIVISION ADMINISTRATOR OR AGENT  
I HERBY CERTIFY THAT THE PROPERTY SHOWN AND DESCRIBED HEREON IS EXEMPT FROM THE SUBDIVISION REGULATIONS OF ROBESON COUNTY PURSUANT TO SECTION 308 (C) \_\_\_\_\_ 3.

SUBDIVISION ADMINISTRATOR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

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

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  
TAX # 050505008

JERRY W. LEE, L-4249  
PROFESSIONAL LAND SURVEYOR  
LUMBERTON, NC 28359  
P.O. BOX 2344  
email: jerry@jerrywlee.com