

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: ☒ (a2) Improvement Permit ☒ (a2) Construction Authorization ☐ Fee \$ _____

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

County: Granville

PIN/Lot Identifier: Parcel 3832, PIN 192707773832

Issued To: Jeff and Christene Vaughan

Property Location: Reavis Road, Oxford, NC 27565

Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☒ No ☐

If yes, name and license number of LSS: Jeff Vaughan (1227)

New ☒

Expansion ☐

System Relocation ☐

Change of Use ☐

Proposed Structure: SFR (5-Bedroom)

Number of bedrooms: 5 Number of Occupants: 5 Other: _____

Design Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 600 GPD Proposed LTAR (Initial): 0.275 Proposed LTAR (Repair): 0.275

Proposed Wastewater System Type*: Conventional gravity, chambers (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required

Proposed Wastewater System Type*: Conventional gravity, chambers (Repair) Pump Required: ☐ Yes ☒ 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 ☒ 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 Soil Depth (Initial): 48" Usable Soil Depth (Repair): 48"

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: _____

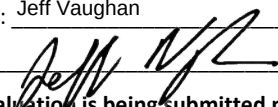
Drainfield location meets requirements of Rule .1945: Yes ☒ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☒ No ☐

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:

Follow plans that are attached.

Licensed Soil Scientist Print Name: Jeff Vaughan

Licensed Soil Scientist Signature: 

Date: 8/31/2024

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609

MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632

www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

This Section for Local Health Department Use OnlyInitial 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

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: _____

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

County: Granville

PIN/Lot Identifier: PIN 192707773832

Issued To: Jeff and Christene Vaughan

Property Location: Reavis Road, Oxford, NC 27565

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Jeff Vaughan, I 10003E

Facility Type: SFR (5-Bedroom)

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Type of Wastewater System* Conventional gravity, chambers (Initial) Conventional gravity, chambers (Repair)

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

Design Daily Flow: 600 GPD Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☒ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: _____ gallons Total Trench/Bed Length: 500 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.275 gpd/ft²

Soil Cover: 0 inches Slope Corrected Maximum Trench/Bed Depth*: 34 inches *** Measured on the downhill side of the trench**

Aggregate Depth: _____ inches above pipe _____ inches below pipe _____ inches total

Pump Tank Size (if applicable): _____ 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 [.1937(h)]: ☐ Yes ☒ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☒ No

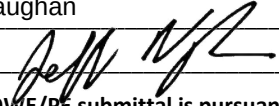
Declaration of Restrictive Covenants: ☐ Yes ☒ No

Pre-Construction Conference Required: Yes ☐ No ☒

Conditions: _____

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Jeff Vaughan

AOWE/PE Signature: 

Expiration Date: _____

Date: 8/31/2024

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 OnlyInitial submittal received: _____ by _____
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: _____ Date of Issuance: _____

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: _____

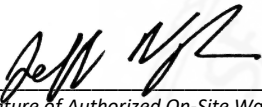
See attached site sketch

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date Initials

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.



Signature of Authorized On-Site Wastewater Evaluator

Date

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

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal 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: _____

Date: _____



Agri-Waste Technology, Inc.
501 N Salem Street, Suite 203, Apex, NC 27502
agriwaste.com | 919.859.0669



Soil Suitability for Domestic Sewage Treatment and Disposal Systems
Reavis Road, Oxford, NC 27565
(Granville County)
August 31, 2024

Soil suitability for domestic sewage treatment and disposal systems was evaluated on August 10, 2024, for the property located on Reavis Road in Oxford, NC (Granville County). Jeff Vaughan of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. This evaluation was done to facilitate permitting for a septic system for a 5-bedroom home. This report and attached documents were prepared *to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).*

A drawing of the site plan, septic layout, septic system design, and soil pit locations is included in Attachment 1. Profile descriptions for each soil boring are included in Attachment 2.

Site Conditions

The total property area is approximately 1.98 acres. The house and septic area are wooded. The proposed septic system for the property is a conventional gravity system for the initial and repair. The home is proposed near the back of the lot and the septic system is proposed to the front of the lot.

Soil Suitability for Domestic Sewage Treatment and Disposal Systems

The drawing in Attachment 1 details the property boundaries, soil boring locations, and layout of drain field trenches. Multiple soil borings were advanced within the proposed septic system area on the property. The site has been evaluated and meets the soil and site evaluations criteria set forth in 15A NCAC Subchapter 18E – Wastewater Treatment and Dispersal Systems.. All soil borings were provisionally suitable for a conventional style trench. Soil borings are within the proposed drainfield area.

The layout shown in Attachment 1 indicates there is available space for a five-bedroom conventional gravity system. The initial and repair systems can be installed with the use of a conventional gravity drainfield based on the layout in the field.

The proposed LTAR (Long Term Acceptance Rate) by AWT is 0.275GPD/ft². The soils on this property are group IV soils within the distribution and treatment zone as used to define the LTAR. With an LTAR of 0.3GPD/ft², 500 linear feet of trench is necessary to support a 5-bedroom home for each the initial and repair systems with the use of a conventional trench product. The maximum slope corrected trench depth is 34 inches. The attached drawings substantiate that the necessary linear footage of trench can be installed on the property for the initial and repair systems.

Any logging, disturbances, or grading done in the usable area or within the proposed setbacks will change the potential of using the area designated for a drainfield. Prior to moving forward with the development on the property, the Granville County Health Department should be contacted to complete the necessary Construction Oversight and to issue an OP (Operations Permit) for the property once the septic system has been installed.

Conclusions

An IP (Improvement Permit) and CA (Construction Authorization) for this property can be issued with the site plan that is in Attachment 1. A CA permit will be required to secure a building permit for the property. The county issues an Operation Permit after the system has been installed to meet the specifications of the Authorization to Construct. Additional septic layouts have been performed as needed. It will be critical to not disturb any of the proposed septic area or there is a risk that the IP and CA will be revoked. The LSS/AOWE Evaluation and attached documents were prepared *to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). The LSS/AOWE evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).*

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff V", is positioned above the printed name.

Jeff Vaughan, NC LSS

Attachment 1: Site Plan/Drawing

Permitting Specifications

Project: Reavis Road Date: 8/30/2024
Address: TBD Reavis Road, Oxford, NC 27565
County: Granville PIN# 192707773832 Water Source: Well
of Bedrooms: 5 Design Daily Flow: 600 Waste Strength: Domestic

Initial System

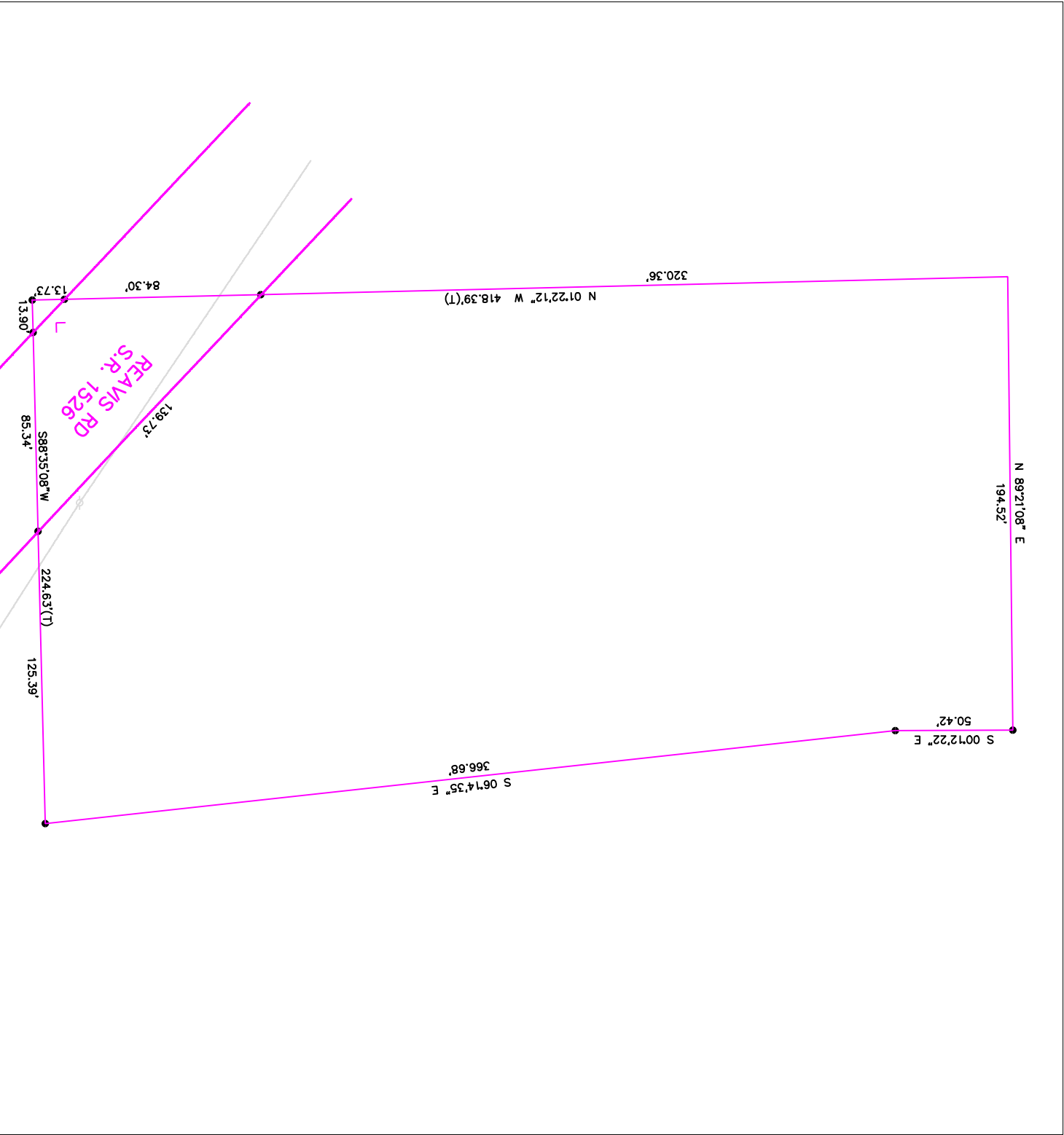
LTAR: 0.275 Trench Width: 3 Trench Depth: 24"
Min. ft of Drainfield: 727 Adjusted ft of Drainfield: 548
Septic Tank Size: 1250 Gallons Pump Tank Size: NA Gallons
Distribution Method: Serial Specified Product: Quick4 Plus Standard
Pretreatment Required? No Amount of Soil Cover Required NA

Notes

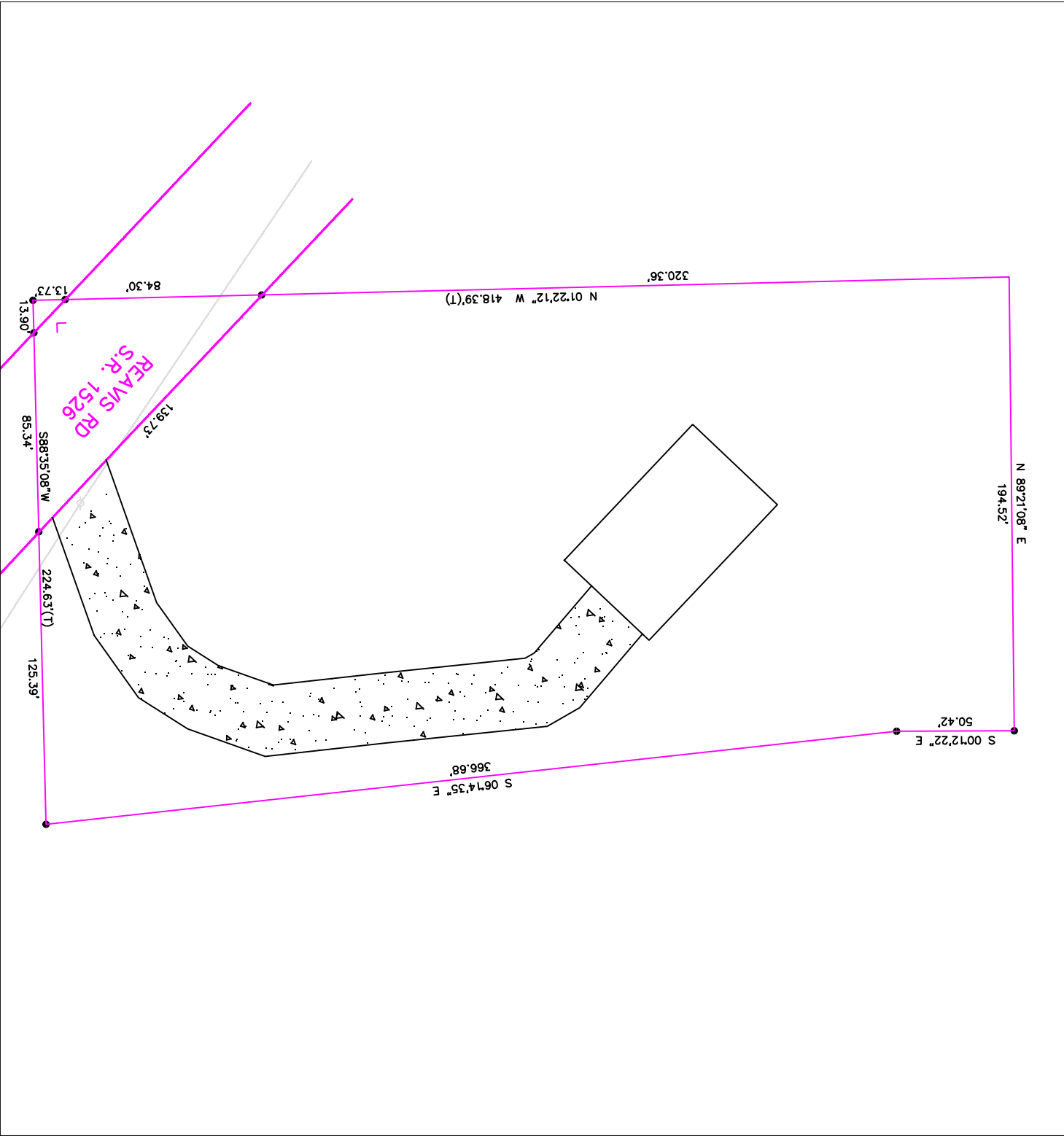
- 1) Install system when site is dry, and rake trench sidewalls if any smearing occurs
- 2) Maintain all applicable setbacks to septic system components
- 3) Property Lines/corners shall be clearly marked prior to system installation
- 4) Owner is responsible for maintaining flagging identifying approved soil area and component location
- 5) Unapproved grading, filling, or compaction of approved soil may result in permit revocation
- 6) Keep construction materials and equipment off of approved soils area during all phases of construction
- 7) Plumbing stub out should be kept shallow else a pump system may be required

Applicant: Jeff Vaughan
Location: Reavis Road
Oxford, NC

Line #	Use	Layout Line Length (ft)	Utilized System 1 (ft)	Utilized System 2 (ft)	Flag Color
Line 1	Quick4 Plus Standard	97		90	Purple
Line 2	Quick4 Plus Standard	113		110	Orange
Line 3	Quick4 Plus Standard	119		114	Pink
Line 4	Quick4 Plus Standard	127		118	Blue
Line 5	Quick4 Plus Standard	121		114	Purple
Line 6	Quick4 Plus Standard	163	150		Orange
Line 7	Quick4 Plus Standard	166	150		Pink
Line 8	Quick4 Plus Standard	127	122		Blue
Line 9	Quick4 Plus Standard	134	126		Purple
Line 10	Quick4 Plus Standard	146			Orange
Total		1313	548	546	



Project:	
TBD Reavis Rd	
Oxford, NC	
Overall Site	
Date:	August 30, 2024
1" = 60'	

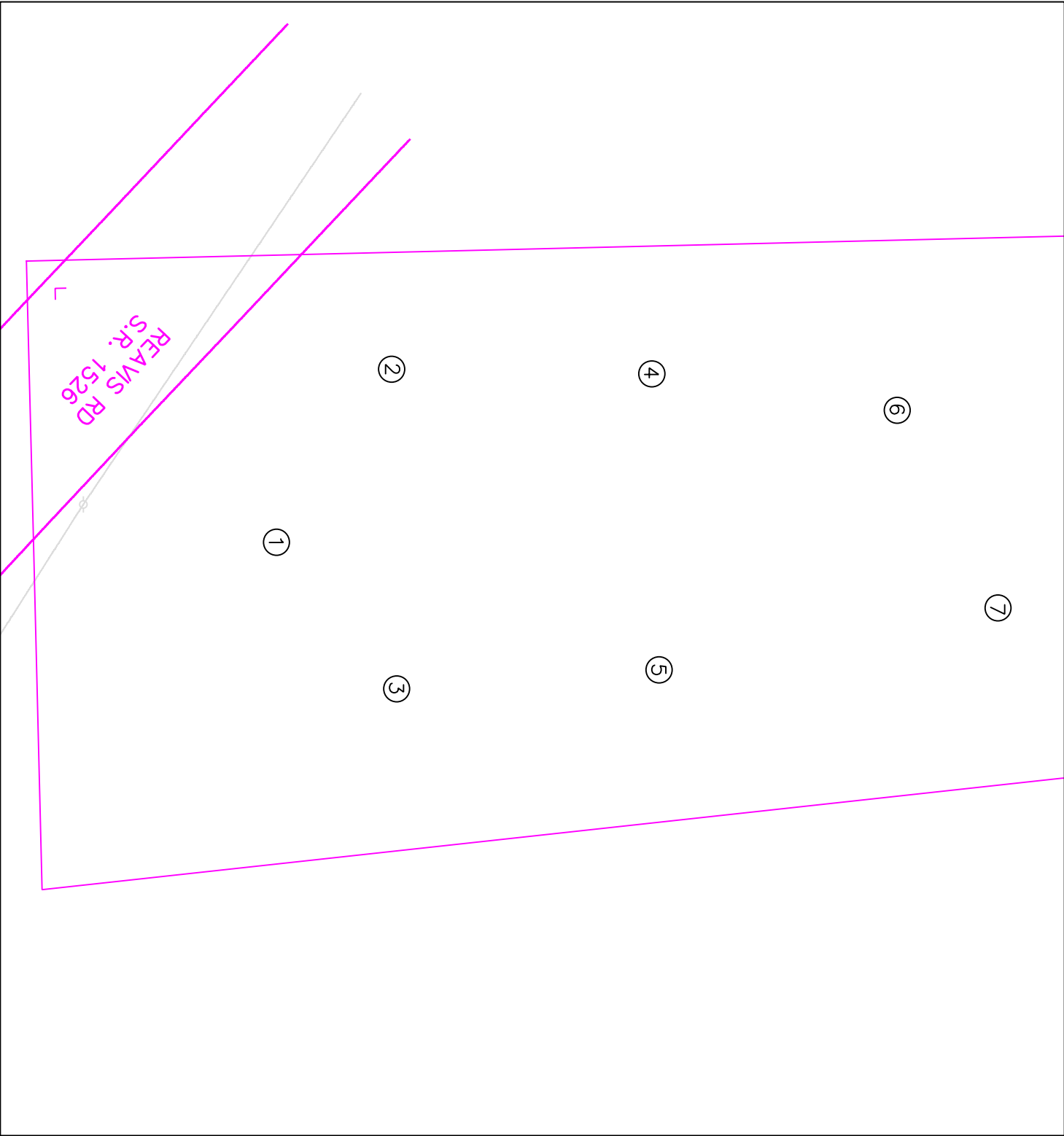


Project:
TBD Reavis Rd
Oxford, NC

Proposed
Building
Location

Date:
August 30, 2024

1" = 60'



Project:

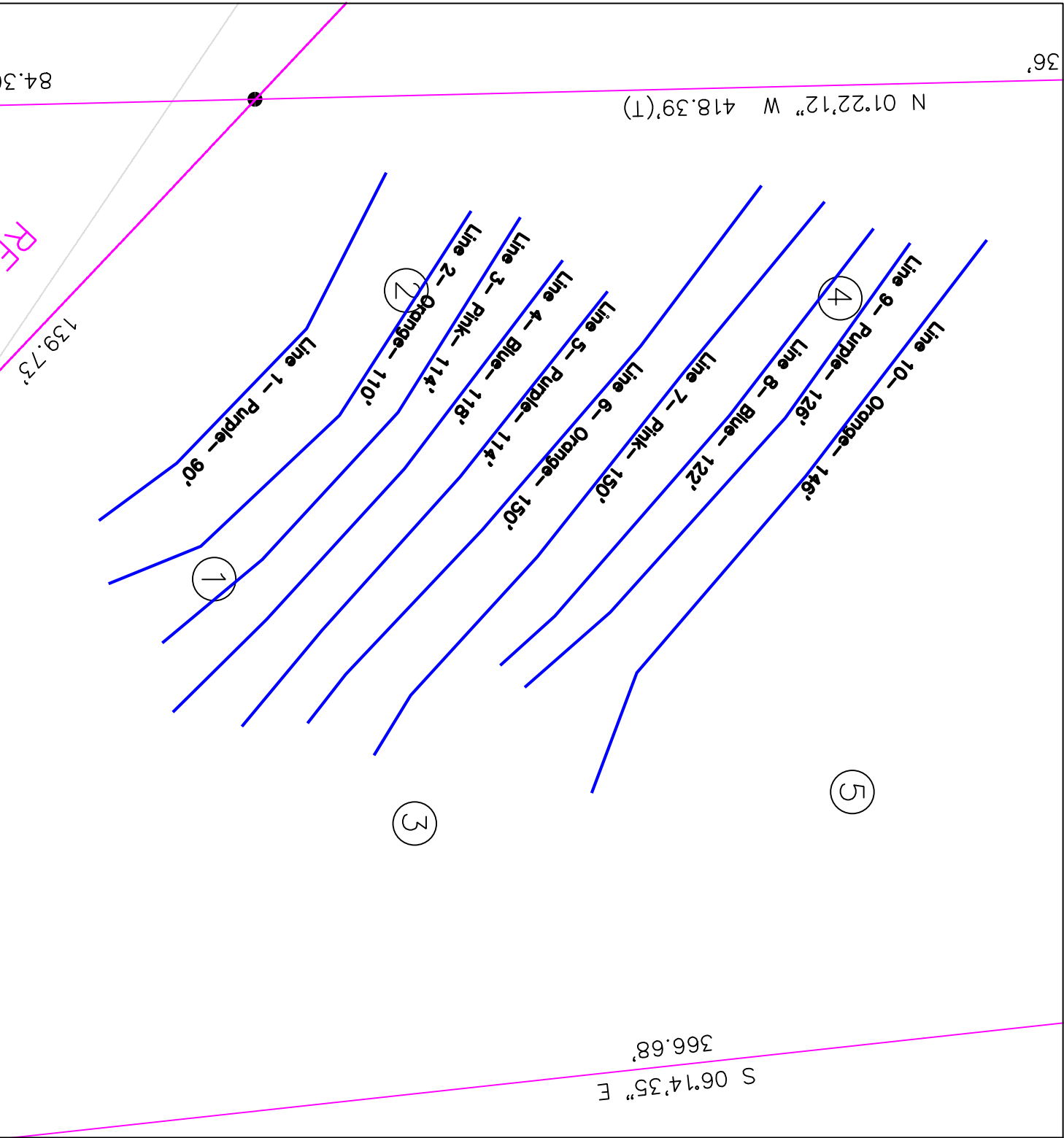
TBD Reavis Rd
Oxford, NC

Soil Borings

Date:

August 30, 2024

1" = 50'



Project:

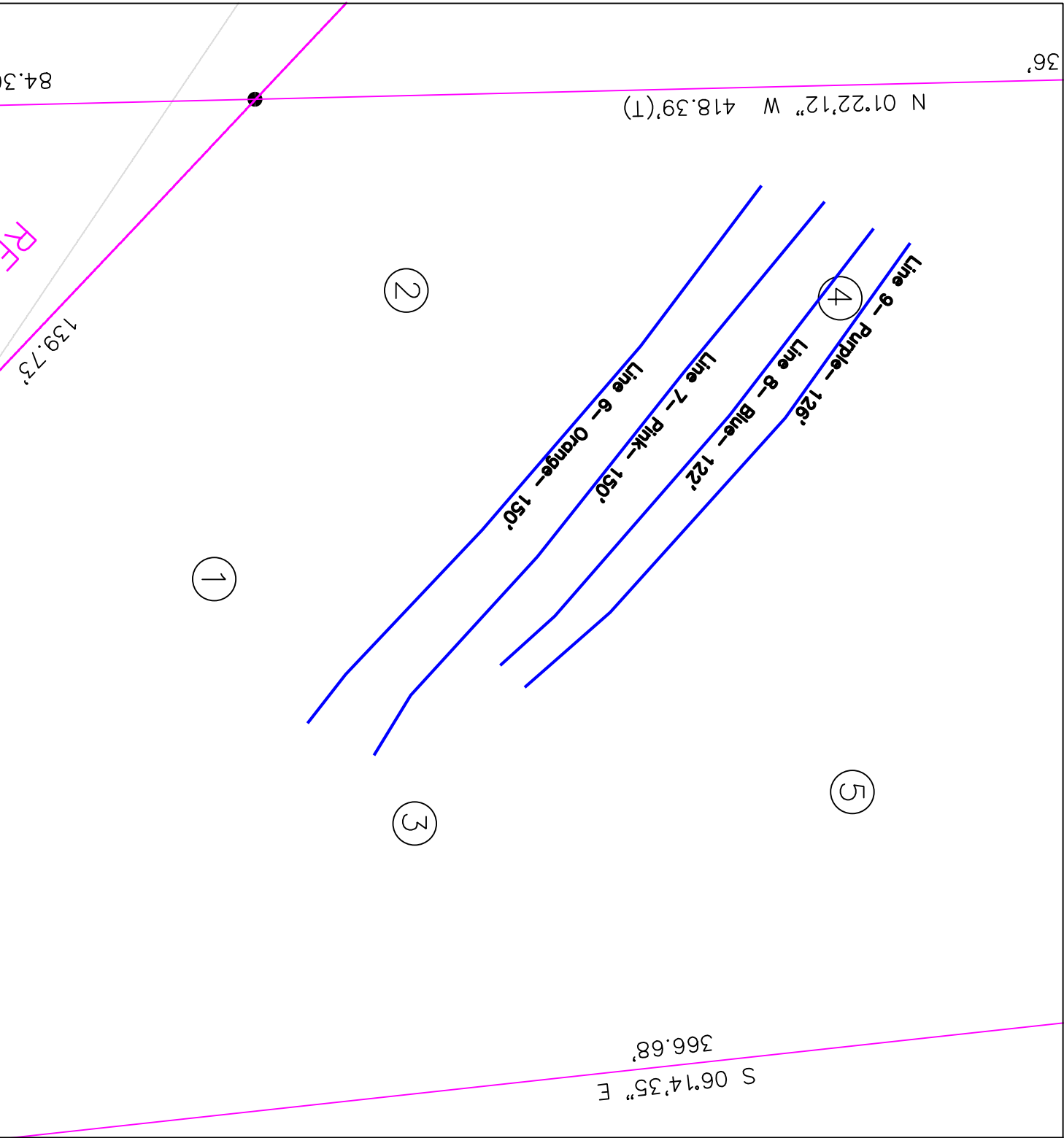
TBD Reavis Rd
Oxford, NC

Overall Layout

Date:

August 30, 2024

1" = 30'



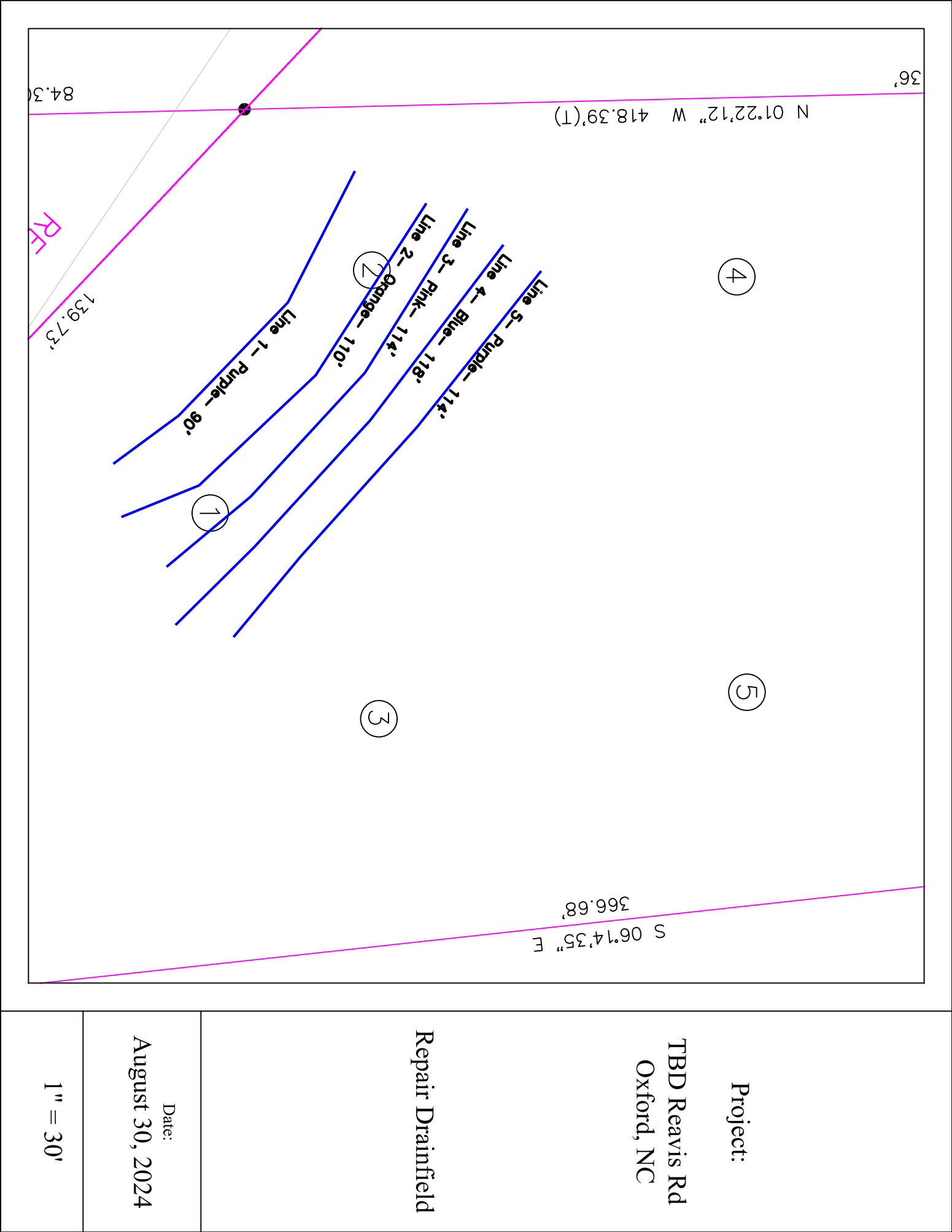
Project:

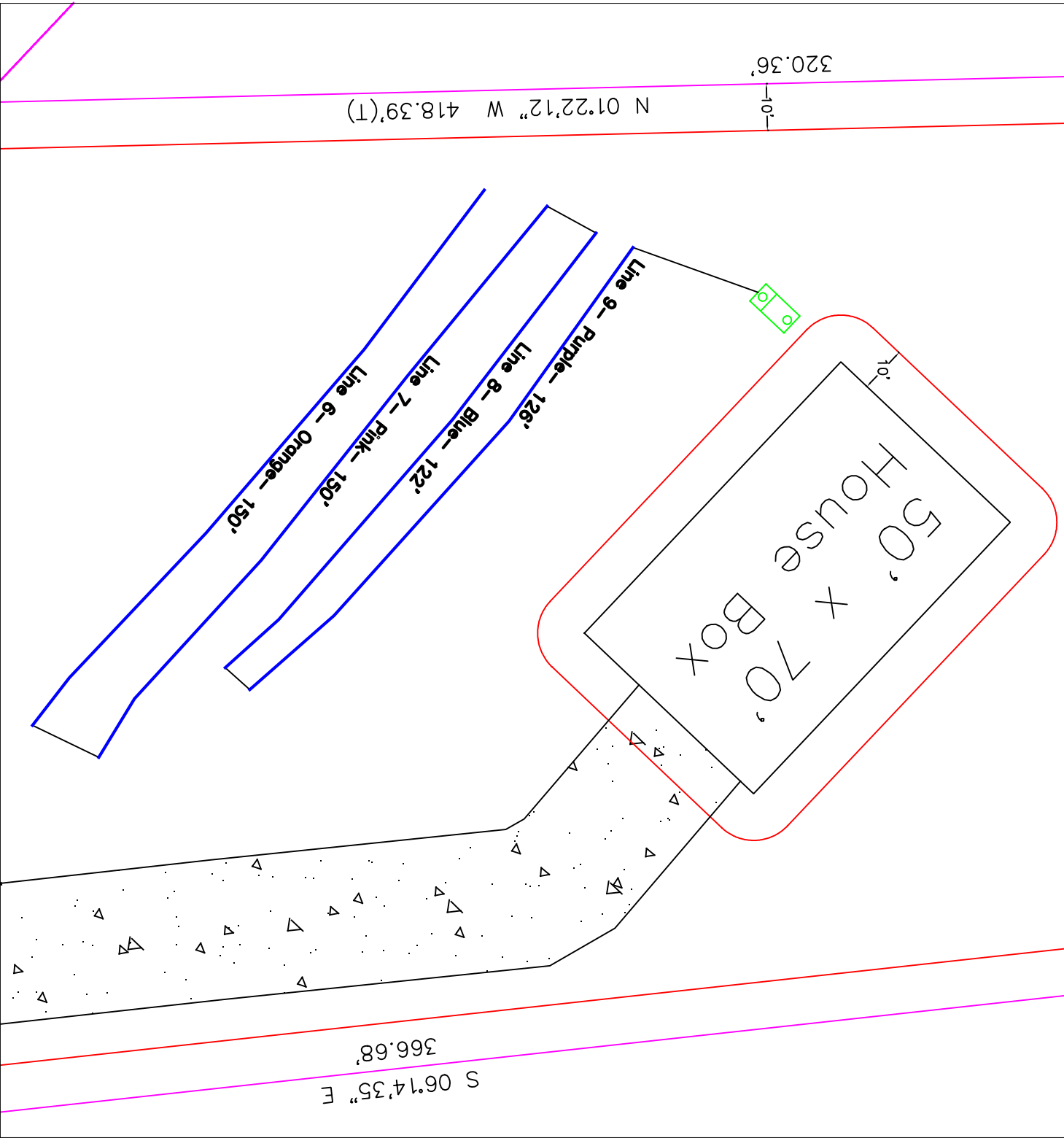
TBD Reavis Rd
Oxford, NC

Initial Drainfield

Date:

August 30, 2024





Project:
TBD Reavis Rd
Oxford, NC

Proposed Initial
Septic System

Date:
August 30, 2024

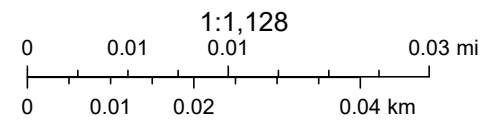
1" = 30'

Aerial



7/9/2024, 8:40:17 PM

- Address Points
- County Boundary
- Parcels
- Centerlines
- Parcel Connectors
- granville_nc_anno





AGRITEC-01

CGARKALNS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest, NC 27587	CONTACT NAME: Connie Garkalns	
	PHONE (A/C, No, Ext): (919) 556-3698 FAX (A/C, No): (919) 556-8758	
	E-MAIL ADDRESS: Connie@hartsfield-nash.com	
INSURED Agri-Waste Technology Inc 501 N. Salem St Ste 203 Apex, NC 27502	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance Company of the Southeast	39926
	INSURER B : ACCIDENT FUND INSURANCE COMPANY OF AMERICA	10166
	INSURER C : Evanston Insurance Company	35378
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:			S 2253659	1/18/2024	1/18/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			S 2253659	1/18/2024	1/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☐ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			S 2253659	1/18/2024	1/18/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	100003072	1/18/2024	1/18/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Prof & Pollution			MKL3ENV104078	8/22/2023	8/22/2024	Each Claim \$ 5,000,000
A	Leased / Rented			S 2253659	1/18/2024	1/18/2025	Equipment \$ 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

***This is ONLY For Informational Purposes
Contact Agency for Specific Holder info to be added

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Attachment 2: Soil Boring Description Sheets

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

CLIENT: Jeff and Christene Vaughan APPLICATION DATE _____
ADDRESS: 18 Jordan Drive, Pittsboro, NC 27312 DATES EVALUATED: 8/10/24
PROPOSED FACILITY: Single Family Residence PROPOSED DESIGN FLOW (.1949): 600GPD PROPERTY SIZE: 1.98ac
LOCATION OF SITE: Reavis Road, Oxford, NC 27565 PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR O CLASS	.1944 RESTR HORIZ	
1, 2, 3, 4, 5, 6, 7	0-4%	A 0-7"	SiL; Gr	NS; NP; VFr	10YR 3/3	36"			Suitable
		Bt1 7-48"	C; SBK	S; P; Fi	2.5YR 6/8				0.3GPD/ft2

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): <u>some rock in subsoil</u> SITE CLASSIFICATION (.1948): <u>Suitable</u> EVALUATED BY: <u>Jeff Vaughan</u>
Available Space (.1945)	Suitable	Suitable	
System Type(s)	Conventional gravity, chamber	Conventional gravity, chamber	
Site LTAR	0.275GPD/Ft ²	0.275GPD/ Ft ²	

COMMENTS

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL	CONVENTIONAL	LPP	MINERALOGY/	
		TEXTURE	.1955 LTAR*	.1957 LTAR*	CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)				M (Massive)
D (Drainage Way)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
DS (Debris Slump)						GR (Granular)
FP (Flood Plain)						SBK (Subangular Blocky)
FS (Foot Slope)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		ABK (Angular Blocky)
H (Head Slope)						PL (Platy)
L (Linear Slope)						PR (Prismatic)
N (Nose Slope)						
R (Ridge)						
S (Shoulder Slope)	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	<u>MOIST</u> VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	<u>WET</u> NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic)
T (Terrace)						
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.						P (Plastic)
NOTES						VP (Very Plastic)

NOTES

HORIZON DEPTH

DEPTH OF FILL

RESTRICTIVE HORIZON

SAPROLITE

SOIL WETNESS

CLASSIFICATION

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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

[illegible]