

- ☐ Survey plat to scale* submitted
☐ Scaled* site plan submitted
☐ Unscaled site plan submitted
* scale of 1" = no more than 60'

**Vance County Health Department
Application for**

Improvement Permit and/or Authorization to Construct and/or Well

x _____ Improvement Permit _____ Authorization to Construct _____ Well _____ Receipt # _____ CDP # _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Michael Wood 620 Lee Fox Lane, Hillsborough, NC 27278 919-417-8024
Applicant Address Home & Work Phone
CEI Construction 1841 North NC HWY 119, Mebane, NC 27302 919-730-5373
Owner Address Home & Work Phone

PROPERTY INFORMATION

date originally deeded & recorded _____

Buchanon Road, Mamson, NC N/A N/A
Street Address Subdivision Name Section/Phase/Lot#

Directions to Site See Attached

Lot Size _____

DEVELOPMENT INFORMATION

- ☒ New Single-Family Residence
☐ Expansion of Existing System
☐ Repair to Malfunctioning Sewage Disposal System
☐ Non-Residential Type of Structure
☐ Recertification
☐ Home ☐ Mobile Home

Residential Specifications

Maximum number of occupants/bedrooms: 10 / 5
If expansion: Current number of bedrooms: _____
Will there be a basement? ☐ yes ☐ no
Plumbing fixtures in Basement ☐ yes ☒ no
☒ Single Family ☐ Multi Family

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☒ no

☒ New well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring ☐ Abandonment

If applying for Authorization to Construct: Please Indicate Desired System Type(s):

☐ Accepted ☐ Alternative ☐ Conventional ☐ Innovative X Other V-PPBPS ☐ Any

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

☐ Existing ☐ No ☒ Unknown ☐ Yes Does the site contain any jurisdictional wetlands?
☐ Existing ☐ No ☐ Unknown ☐ Yes Does the site contain any existing wastewater systems?
☐ Existing X No ☐ Unknown ☐ Yes Is any wastewater going to be generated on the site other than domestic sewage?
☐ Existing X No ☐ Unknown ☐ Yes Is the site subject to approval by any other public agency?
☐ Existing X No ☐ Unknown ☐ Yes Are there any easements or right of ways on this property?
☐ Existing X No ☐ Unknown ☐ Yes Has any grading, removal or addition of soil been done to this property?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative** signature (required)

**Must provide documentation to support claim as owner's legal representative.

May 19, 2025

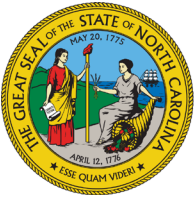
Date

Sign the items below that have been completed.

Has the site been marked every 30 Ft? _____
Date Completed

Has the home been staked off? _____
Date Completed

Have the holes for the septic field been dug? _____
Date Completed



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: Vance

PIN/Lot Identifier: PIN: 0579 01032

Issued To: CEI Construction, 1841 North NC Hwy 119, Mebane, NC 27302

Property Location: Buchanon Road, Manson, NC

Subdivision (if applicable) N/A Lot #: N/A Block: _____ Section: _____

LSS Report Provided: Yes ☒ No ☐

If yes, name and license number of LSS: Michael Wood, 1219

New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single-Family Residence

Number of bedrooms: 5 Number of Occupants: 10 Other: _____

Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

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

Proposed Wastewater System Type*: Type IIIg (V-PPBPS) (Initial) Pump Required: ☒ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: Type IIIg (V-PPBPS) (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)*: >42" Usable Depth to LC (Repair)*: >42" ** Limiting Condition*

Max. Trench Depth (Initial)*: 29" Max. Trench Depth (Repair)*: 29" ** 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: Michael G. Wood

Licensed Soil Scientist Signature: Michael G. Wood Date: May 19, 2025

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

See attached site sketch

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 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: _____

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: _____

Pre-Construction Conference Required: Yes ☐ No ☐

PIN/Lot Identifier: _____

Issued To: _____

Property Location: _____

AOWE/PE Plans/Evaluations Provided: Yes ☐ No ☐ If yes, name and license number of AOWE/PE: Michael Wood, 10025E

Facility Type: _____

Number of bedrooms: _____ Number of Occupants: _____ 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* _____ (Initial) _____ (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: _____ 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: _____ gallons Total Trench/Bed Length: _____ feet Trench/Bed Spacing: _____ feet on center

Trench/Bed Width: _____ inches LTAR: _____ gpd/ft² Usable Depth to LC (Initial)*: _____ **^xLimiting condition**

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

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 [.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: See Report

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: _____

AOWE/PE Signature: _____ Date: _____

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: _____ 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: _____



AGENT AUTHORIZATION FORM

G.S. 130A-335(a2) and (a3) Evaluation

PROPERTY LEGAL DESCRIPTION:

Lot No. N/A Phase: N/A PIN: 0579 01032

STREET ADDRESS: Buchanan Road
Manson, NC

Please print:

Property Owner: CEI Construction, 1841 North NC HWY 119, Mebane, NC 27302

Property Owner: _____

The undersigned, registered property owner(s) of the above noted property, do hereby authorize

Michael G. Wood, LSS

(Contractor / Agent)

To act on my behalf and take all actions necessary for the processing, issuance, and acceptance of the permit or certification.

Property Owners Address (if different than property above):

1841 North NC HWY 119, Mebane, NC 27302

Telephone: 919-730-5373

Email: office@ceiconstruction.com

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with G.S. 130A-335(a2) and (a3).

Owner's Signature

Date


CEI Construction Inc. (May 19, 2025 22:38 EDT)

05/19/2025

Owner's Signature

Date

Owner's Legal Representative Signature

Date



05/19/2025

LSS Signature

Date



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

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).

[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

☒ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

☐ Accepted ☐ Conventional ☐ Innovative ☒ Other Vertical - Prefabricated Permeable Block Panel System ☐ Any

☒ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☒ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a))
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ☒ No

Applicant: Michael Wood

Mailing Address: 620 Lee Fox Lane

City: Hillsborough

State: NC Zip: 27278

Phone #: 919-417-8027

Email: michael@woodsoilconsultants.com

Owner: CEI Construction

Mailing Address: 1841 North NC HWY 119

City: Mebane

State: NC Zip: 27302

Phone #: 919-730-5373

Email: office@ceiconstruction.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes ☒ No Does the site contain any jurisdictional wetlands?
☐ Yes ☒ No Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes ☒ No Is the site subject to approval by any other public agency?
☐ Yes ☒ No Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2), (a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.*

Applicant Signature: Michael Wood, LSS

Digitally signed by Michael Wood, LSS
Date: 2024.05.09 13:51:27 -0400

Date: 5/19/2025

Owner's Signature:  CEI Construction Inc. (May 19, 2025 22:36 EDT)

Date: 05/19/2025

**Licensed Soil Scientist Evaluation
Residential Subsurface Wastewater
Treatment and Disposal System
G.S. 130A-335(a2) and (a3) SL 2022-11 IP Proposal**

for

**CEI Construction Buchanan Road Lot
Buchanan Road
Manson, NC**

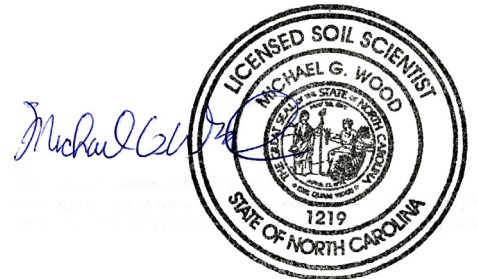
Vance County PIN: 0579 01032
May 19, 2025

Prepared for:

CEI Construction
1841 North NC HWY 119
Mebane, NC 27302
office@ceiconstruction.com
919-730-5373

Prepared by:

Wood Soil Consultants, PLLC
Michael G. Wood, LSS, AOWE
620 Lee Fox Lane
Hillsborough, NC 27278
Phone: 919-417-8027



This LSS Evaluation is being submitted to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).

*Septic drainfield area must be protected from construction traffic and grading throughout the life of the project. Orange barrier fencing is recommended to protect the septic drainfield area.

Details

CEI Construction (Daivd Fletcher) has contracted with Wood Soil Consultants, PLLC (WSC) to prepare a Session Law 2020-97 Section 3.19 and GS 130A-336.2 septic proposal for a new 5-bedroom single-family residence to be located on the 1.87-acre CEI Construction Lot, Buchanan Road, Manson, North Carolina (Vance County Parcel Number: 0579 01032).

Based upon a soils investigation performed by WSC, it has been determined that a sufficient amount of "Suitable" Group IV soils is available for the installation of a Pump-To **"Vertical Prefabricated Permeable Block Panel System (V-PPBPS)"** for the initial and repair systems at a 0.275 GPD/ft. sq. long term acceptance rate (LTAR). The initial system will be a saprolite system. The site will be served by a private well.

Location

From Henderson, take NC-39 north to I-85 North for 8.7 miles to Exit 223. Take a left onto Manson-Drewry Road for 2.1 miles, then right onto NC-1200 for 3.1 miles, turn left on Buchanan Road. Destination will be on right in 0.7 mile.

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, December 6, 2018.

Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System; 2021, published by T & J Panel.

Primary Investigator's Credentials

NC Licensed Soil Scientist No. 1219
Authorized Onsite Wastewater Evaluator No. 10025E
SC Professional Soil Classifier No. 114
VA Professional Soil Scientist No. 415

Drainfield Installation

1. The initial drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the soil is in a wet condition.
3. The specified system is the V-PPBPS distributed by T&J Panel.

4. The initial drainfield consists of four (4) lateral trenches all 2-foot wide and lengths as indicated in the Table below. Total drainline length is 364 feet.
5. Maximum trench depth for this system shall be **29-inches, on the low side**.
6. Each trench shall be placed on minimum 8-foot on centers.
7. The laterals are to be installed on contour with the land, keeping the individual trench bottoms level from beginning to end.

Initial & Repair Systems - CEI Buchanan Road, 600 GPD, 0.275 LTAR, V-PPBPS						
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Green	Extra	60	--	6.25	100.00
2	Yellow	Repair	74	74	6.80	99.45
3	Red	Repair	84	84	7.30	98.95
4	Blue	Repair	92	92	7.80	98.45
5	Green	Repair	114	114	8.55	97.70
6	Red	Initial	116	116	9.45	96.80
7	Blue	Initial	87	87	9.95	96.30
8	Green	Initial	84	84	10.65	95.60
9	Red	Initial	77	77	11.30	94.95
				728		
				Line 1:	6.25	100

The enclosed Licensed Soil Scientist Evaluation is being submitted pursuant to and meets the requirements of SL 2022-11. CEI Construction requests that Vance County Environmental Health issue the appropriate Improvement Permit for a subsurface wastewater treatment and disposal system based upon the enclosed **Licensed Soil Scientist Evaluation which is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2) (a3) and (a4).**

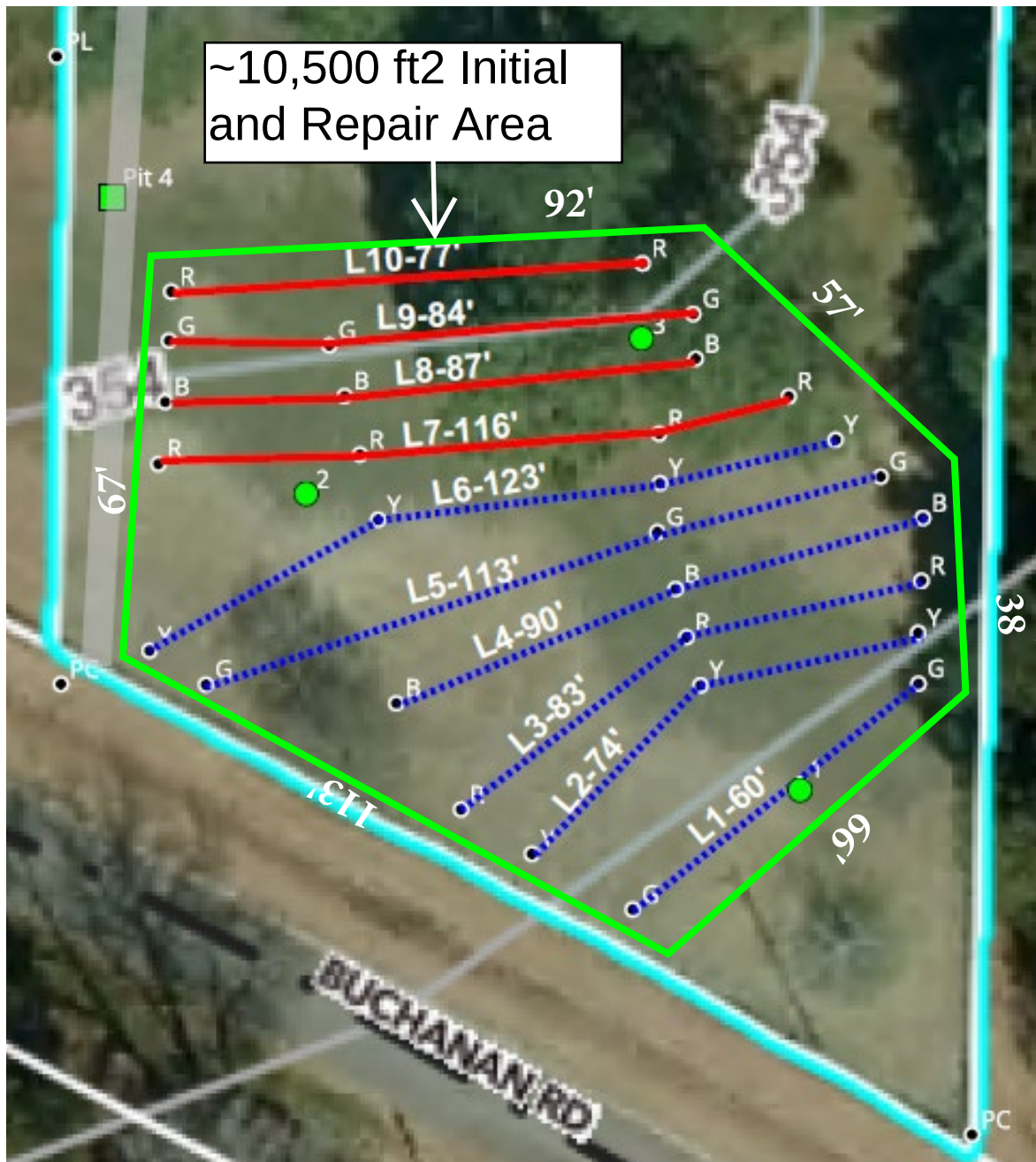


CEI Buchanan Road Lot
Buchanan Road
Manson, NC



Figure
1

Date: 05/19/2025



Soil Evaluation Form

Wood Soil Consultants, PLLC
620 Lee Fox Lane
Hillsborough, NC 27278
919.417.8027

BUCHANON RD
FLETCHER

Sheet 1 of
Job: CEI BUCHANON RD LOT
County: VANCE
Date: 5-14-25

Soil Borings

	1	2	3	PIT 4						
Landscape Position	LS	LS	LS	LS						
Slope (%)	6	6	7	5						
Horizon 1 Depth	0-11	0-15	0-6	0-9						
Texture	SL	SL	SCL	SCL						
Consistence	VFR	VFA	FR	FR						
Structure	GR	GR	SBK	GR						
Clay Mineralogy	N	N	S	N						
Horizon 2 Depth	14-42	15-25	6-33	9-34						
Texture	C	SC	SC	C						
Consistence	FE	FE	FE	FE						
Structure	SBK	SBK	SBK	SBK						
Clay Mineralogy	S	S	S	S						
Horizon 3 Depth		25-42	23-42	34-68						
Texture		C	SCL	SC						
Consistence		FE	FR	FR						
Structure		SBK	SBK	M						
Clay Mineralogy		S	S	N						
Horizon 4 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness										
Restrictive Horizon										
Saprolite				34-68						
Other	>42	>42	>42							
CLASSIFICATION	S	S	S	S						
LTAR (gpd/ft ²)	0.275	0.275	0.30	0.275						

Comments:

Evaluated by: M. Wood, E. Wood



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2025

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 Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102	CONTACT NAME: David Vaughan Jr PHONE (A/C, No, Ext): 9187797884 E-MAIL ADDRESS: dlvrjr@higginbotham.net	FAX (A/C, No): 817-882-9284
License#: 2081754 MICHWO0-01		INSURER(S) AFFORDING COVERAGE
INSURER A : Mid-Continent Casualty Company		NAIC # 23418
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 736699440

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 ☒ Professional GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	04-GL-001133778	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y	Y	04-GL-001133778	4/1/2025	4/1/2026	Occurrence Aggregate \$ 1,000,000 \$ 3,000,000

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

America's Home Place is added as additional insured with a waiver of subrogation to the above listed policy. General Liability policy is primary and non-contributory.

CERTIFICATE HOLDER**CANCELLATION**

America's Home Place
POBOX 1316
Gainsville GA 30503

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

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