



RECEIVED
AUG 03 2021

APPLICATION FOR PERMITS

PERMIT #: EHSS-127-202

Please mail or bring in the first two pages of this completed form, with payment, including the signature of the owner, a floor plan (where applicable) and a site plan as indicated. Incomplete applications will not be processed. Please speak with our staff if you have any questions about filling out this form.

GENERAL INFORMATION

APPLICANT: Gene Young, REHS PROPERTY OWNER: Southeast Partners VII, LLC
 ADDRESS: 257 Transfer Station RD ADDRESS: 1121 Military Cutoff RD
Hampstead, NC 28443 Wilmington, NC 28405
 EMAIL: gene@armnc.com EMAIL: cplaford@capitalasset-us.com
 PHONE NUMBER: 910-617-4914 PHONE NUMBER: 917-588-0302

PROPERTY ADDRESS: _____ SUBDIVISION / LOT# Moores Landing Extension
 DIRECTIONS: _____ LOT 1-4

PROJECT INFORMATION

NEW STRUCTURE EXISTING STRUCTURE REPAIR EXISTING SEPTIC OR WELL
 ABANDON EXISTING SEPTIC OR WELL PERMIT REVISION OTHER

PROJECT DESCRIPTION: _____

SINGLE FAMILY HOME Number of Bedrooms 24 Number of occupants 48 (8) 3 bedroom units
 BUSINESS/OTHER

Please describe the business, number of employees, square footage, etc. Use attachments if necessary. Floor plans and/or additional info may be required to determine daily design flow.

TYPE OF WATER SUPPLY
 PUBLIC
 PRIVATE WELL
 SHARED WELL
 OTHER

PLEASE CHECK IF APPLICABLE:
 BASEMENT WITH PLUMBING
 WASTEWATER OTHER THAN SEWAGE GENERATED
 PROPERTY CONTAINS DESIGNATED WETLANDS
 SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY
 FACILITY WILL HAVE A GARBAGE DISPOSAL

CHECK REQUESTED SYSTEM TYPE:
 CONVENTIONAL
 MODIFIED
 ALTERNATIVE
 ANY
 OTHER (specify) PPBPS

IMPORTANT: IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, YOU MUST ALSO COMPLETE THE FOLLOWING:

SUBMIT A SITE PLAN OR PLAT SHOWING:
 PREPARE THE SITE

EXISTING AND PROPOSED PROPERTY LINES WITH DIMENSIONS
 ALL EXISTING AND PROPOSED EASEMENTS, RIGHTS OF WAY, CAMA LINES
 LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES AND DRIVEWAY
 LOCATION OF ALL EXISTING AND PROPOSED WELLS AND WATER LINES
 PREFERRED LOCATION OF SEPTIC AND/OR WELL. (OPTIONAL)

CLEARLY MARK EXISTING AND PROPOSED PROPERTY LINES/CORNERS/EASEMENTS;
 STAKE LOCATION OF PROPOSED STRUCTURES/ADDITIONS/DRIVEWAYS;
 MAKE SITE ACCESSIBLE, CLEAR UNDERGROWTH AS REQUIRED
 MARK PREFERRED LOCATION FOR SEPTIC AND/OR WELL. (OPTIONAL)
 CALL IN AND NOTIFY OUR OFFICE THAT THE SITE IS STAKED AND READY

A REVISIT FEE OF \$50 WILL BE CHARGED IF, AFTER NOTIFYING US THAT THE SITE IS READY, THE SITE IS FOUND TO NOT BE READY FOR EVALUATION WHEN THE EHS ARRIVES

THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED WITH APPLICATIONS FOR CONSTRUCTION AUTHORIZATIONS:

A FLOOR PLAN OF THE PROPOSED STRUCTURE SHOWING ALL ROOMS ON EACH FLOOR OF THE BUILDING, INCLUDING BASEMENTS PLEASE LABEL EACH ROOM AS TO ITS USE, AND SHOW LOCATION OF DOORS AND ANY STAIRS BETWEEN FLOORS.
 SITE PLANS FOR CA'S MUST SHOW SETBACKS FROM PROPERTY LINES TO PROPOSED STRUCTURES, LOCATION OF DRIVEWAYS, WATER SUPPLIES/LINES AND ANY EASEMENTS. SITE PLANS MUST BE PRE-APPROVED BY PENDER COUNTY BUILDING INSPECTIONS
 OTHER REQUIRED ADDITIONAL DOCUMENTS SUCH AS TRI-PARTY AGREEMENTS, EASEMENTS, DESIGN PLANS AND SPECIFICATIONS, ETC. SOME OF THESE DOCUMENTS MUST BE APPROVED BY PCEH AND RECORDED WITH THE PENDER COUNTY REGISTER OF DEEDS PRIOR TO ISSUANCE OF THE CA

Check All Sections That Apply:

IMPROVEMENT PERMIT SECTION #

EVALUATION OF THE SITE AND SOIL FOR SEPTIC SYSTEM SUITABILITY

- IMPROVEMENT PERMIT (Up to 600 GPD) \$250
IMPROVEMENT PERMIT (Over 600 GPD) \$500
REPAIR EXISTING SYSTEM (NO FEE)

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES PER FEE.

*FOR SUBDIVISIONS/RECOMBINATIONS AND OFFSITE PROPOSALS A FINAL PLAT OR PLAN, APPROVED BY PENDER COUNTY PLANNING AND ZONING, MUST BE SUBMITTED WITH THE APPLICATION. OTHER DOCUMENTS, AS APPLICABLE, MAY BE REQUIRED.

CONSTRUCTION AUTHORIZATION SECTION #

A CONSTRUCTION AUTHORIZATION IS NEEDED TO OBTAIN A BUILDING PERMIT AND INSTALL A SEPTIC SYSTEM

- CONSTRUCTION AUTHORIZATION (NEW CONSTRUCTION, EXPANSION, RELOCATION, REVISION) \$250
CONSTRUCTION AUTHORIZATION \$500
REPAIR EXISTING SYSTEM (NO FEE)

ALL PARCELS, EASEMENTS, DECLARATIONS, ETC. MUST BE RECORDED PRIOR TO ISSUANCE OF A CONSTRUCTION AUTHORIZATION.

ENGINEERED OPTION PERMIT/COVID 19 #

- ENGINEERED OPTION SEPTIC PERMIT (Up to 600 GPD) \$150
ENGINEERED OPTION SEPTIC PERMIT (Over 600 GPD) \$300
COVID 19 PERMIT OPTION (Up to 600 GPD) \$150
COVID 19 PERMIT OPTION (Over 600 GPD) \$300

WELL PERMIT SECTION #

- NEW PRIVATE WELL PERMIT (FEE IS \$250 + COST OF SAMPLING KIT) \$320
WELL REPAIR/ REPLACEMENT PERMIT \$100
ABANDONMENT PERMIT (NO FEE)

EXISTING SYSTEM AUTHORIZATION SECTION #

ONLY APPLICABLE WHEN THERE IS NO INCREASE IN WASTEFLOW

- EXISTING SYSTEM AUTHORIZATION (FIELD VISIT REQUIRED) \$75
EXISTING SYSTEM AUTHORIZATION (IN-OFFICE AUTHORIZATION) \$25
MOBILE HOME PARK SPACE RECONNECTION (PER SPACE) \$100

SIGNATURE SECTION

TOTAL AMOUNT DUE: 150 PER VPO RECEIPT # INVOICED

Make checks payable to: Pender County Health Department

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE.

ONLY ORIGINAL SIGNATURES (NOT FAXED) CAN BE ACCEPTED.

ANY CHANGES TO APPLICATION INFORMATION, SITE PLANS OR ACCOMPANYING DOCUMENTS WILL REQUIRE NEW APPLICATION AND ADDITIONAL FEES. ANY UNAPPROVED CHANGES MAY VOID YOUR PERMIT.

I AM THE PROPERTY OWNER OR THE PROPERTY OWNER'S LEGAL REPRESENTATIVE. I HAVE READ THIS APPLICATION AND AUTHORIZE THE PCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE(S) REQUESTED

OWNER (SIGNATURE): [Signature] DATE 8/3/21



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Project Number 210105

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

EHLSS-127-2021

COMMON FORM FOR LICENSED SOIL SCIENTIST COVID-19 PERMIT OPTION FOR NON-ENGINEERED SYSTEMS
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the LSS in accordance with S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 05 Aug 21 by AS
Date Initials

PART 1: Notice of Intent to Construct (NOI)

New Expansion
 Repair – LHD Permit Number _____ Repair – EOP/LSS Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____
Southeast Partners VII, a NC Limited Liability Company

Mailing address: 1121 Military Cutoff Rd, STE C386, Wilmington State: NC Zip: 28405
Telephone number: (917) 588-0302 E-mail Address: cplaford@capitalasset-us.com

2. Licensed Soil Scientist (LSS) name: Walter D. Giese LSS License number: 1274
Mailing address: PO Box 882 city: Hampstead State: NC Zip: 28443
Telephone number: (910) 270-2919 E-mail Address: wdgiese@gmail.com

3. Licensed Geologist (LG) (if applicable) name: N/A License Number: N/A
Mailing address: N/A City: N/A State: N/A Zip: N/A
Telephone number: N/A E-mail Address: N/A

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

LSS LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Moore's Landing Extension- NCSR 1579 Lots 1-4

County Name: Pender Parcels 4224-12-9786-0000, 4224-12-8834-0000, 4424-13-7039-0000, 4224-13-6071-0000

6. Type of facility: Place of residence No. Bedrooms: 24 Total No. Occupants: 48 Maximum
 Place of business Basis for flow calculation: (8) 3 BEDROOM UNITS
 Place of public assembly Basis for flow calculation: _____

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

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
MAILING ADDRESS 1642 Mail Service Center, Raleigh, NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

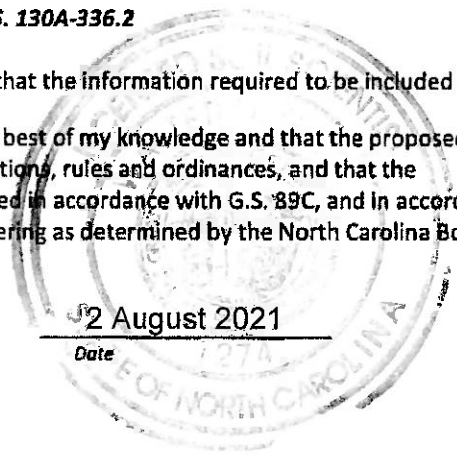
- 7. Factors that would affect the wastewater load: None Known

- 8. Type, location, and classification (per Rule .1961) of wastewater system: (4) 1500 gallon septic tanks, (4) 1000 gallon pump tanks, (1) 2191 gallon pump tank, pressure manifold with 600 linear ft of Prefabricated Permeable Block Panel System, Located in an Off Site Easement Area,
- 9. Design wastewater flow: 2880 gpd Type Type IV(b)
 Design wastewater strength: domestic high strength industrial process *(For industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
- 10. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
 A site plan as defined in G.S. 130A-334(13a) is attached: Yes No
In accordance with G.S. 130A-335(f), an LSS COVID-19 Permit with a plat is valid without expiration and an LSS COVID-19 Permit with a site plan is valid for five years.
- 11. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 12. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
 If yes, documentation filed in Pender County Register of Deeds in Deed book 44 Page 16
- 13. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
 If yes, agreements filed in Prior to ATO County Register of Deeds in Deed book _____ Page _____
- 14. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No
 This is a sapolite system. Yes No
- 15. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 16. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 17. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19 and G.S. 130A-336.2

I, Walter D. Giese hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors."

Walter D. Giese, LSS
 Signature of Licensed Soil Scientist



NOTES:

LIABILITY: *The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an LSS COVID-19 Permit Option [S.L. 2020-97, Section 3.19(d) and G.S. 130A-336.2]*

RIGHT OF ENTRY: *The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: *Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.*

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

"(c) Completeness Review for Notice of Intent to Construct. -The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

INCOMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the LSS and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the LSS and the Owner on 8/9/21 via email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on 8/9/21 via email.
Date *Email, FAX, USPS, hand-delivered*

Vence Dodge Vence Dodge 8/9/21
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

Re-submittal of NOI with missing items included

*This Section is for use by owner to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the LSS.*

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

Item # from initial NOI	Resubmittal description

Attestation by LSS pursuant to S.L. 2020-97, Section 3.19

I, _____ hereby attest that the information required to be included with
Licensed Soil Scientist (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet 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 Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

INCOMPLETE

Based upon review of information in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD _____
Signature of authorized Agent of the LHD _____
Date

COMPLETE

Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD _____
Signature of authorized Agent of the LHD _____
Date

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner.

<p>LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <small>Date Initials</small></p> <p>Date of Post-construction Conference: _____</p>

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

- Signed and sealed copy of the LSS's report that includes:
 - Signed and sealed evaluation of soil conditions and site features Yes No
 - Drawings, specifications, plans Yes No
 - Reports on special inspections and final inspection Yes No
 - Management Program manual Yes No
 - On-site Wastewater Contractor's signed statement Yes No
- Fee (as applicable) Yes No
- Notarized letter documenting Owner's acceptance of the system from the LSS Yes No
- On-site Wastewater Contractor name: _____ License number: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Telephone number: _____ E-mail Address: _____
- Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
 Yes No

Attestation by the Owner for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
 Pender _____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

Signature of Owner Date

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
 Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: _____

Copies of this signed form were sent to the LSS and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

COMPLETE
 Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

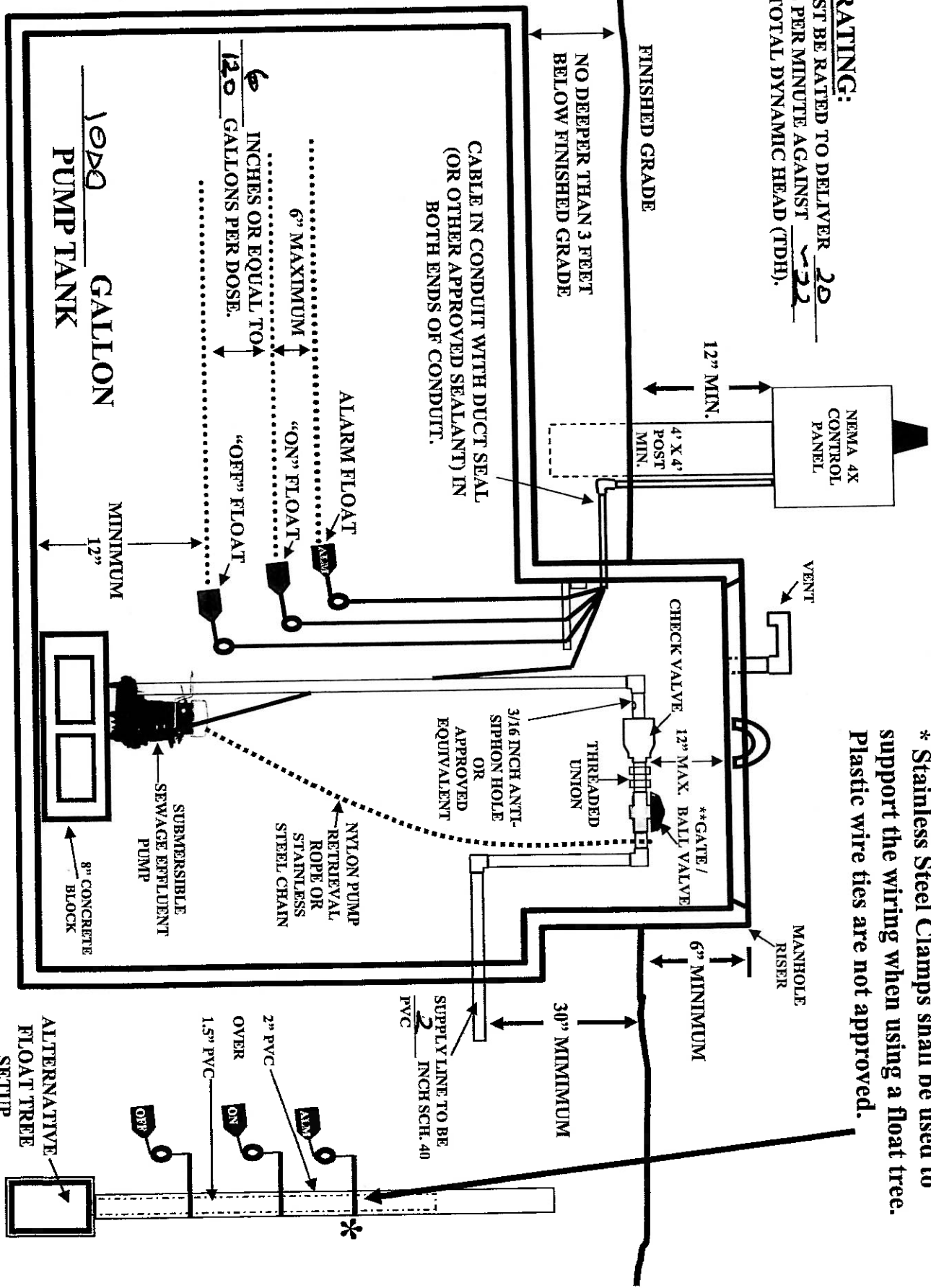
PT 1, PT 2, PT 3, PT 4
210105

PUMP SYSTEM DETAIL SHEET

PUMP RATING:

PUMP MUST BE RATED TO DELIVER 20 GALLONS PER MINUTE AGAINST 22 FEET OF TOTAL DYNAMIC HEAD (TDH).

* Stainless Steel Clamps shall be used to support the wiring when using a float tree. Plastic wire ties are not approved.



** GATE VALVE IS REQUIRED IF VALVE IS USED FOR PRESSURE ADJUSTMENT.

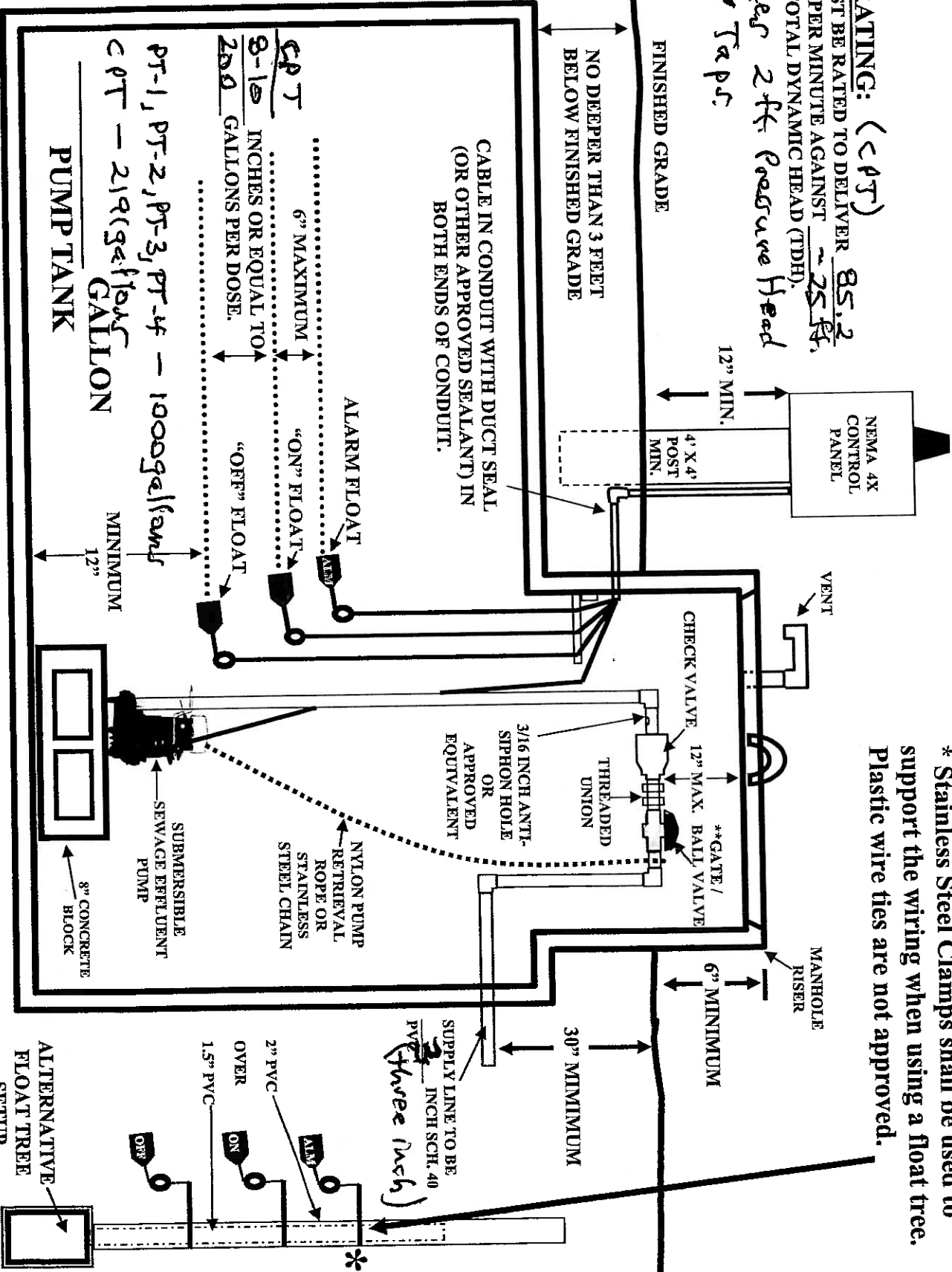


PUMP SYSTEM DETAIL SHEET

CPT to Pressure
Manifolds
210105

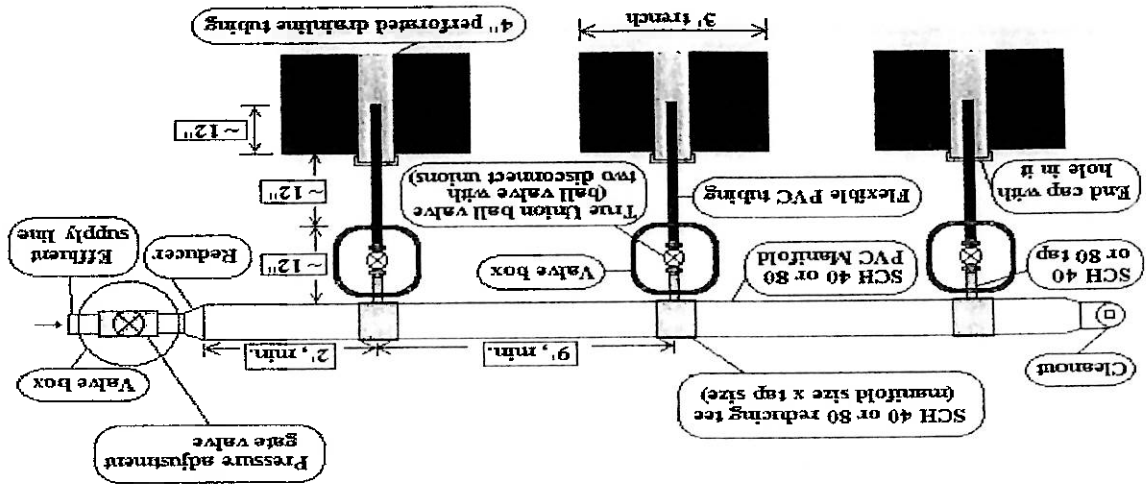
* Stainless Steel Clamps shall be used to support the wiring when using a float tree. Plastic wire ties are not approved.

PUMP RATING: (CPT)
 PUMP MUST BE RATED TO DELIVER 85.2 GALLONS PER MINUTE AGAINST ~25 FT. FEET OF TOTAL DYNAMIC HEAD (TDH).
 Assumes 2 ft. Pressure Head
 w/ 1/2" Taps.

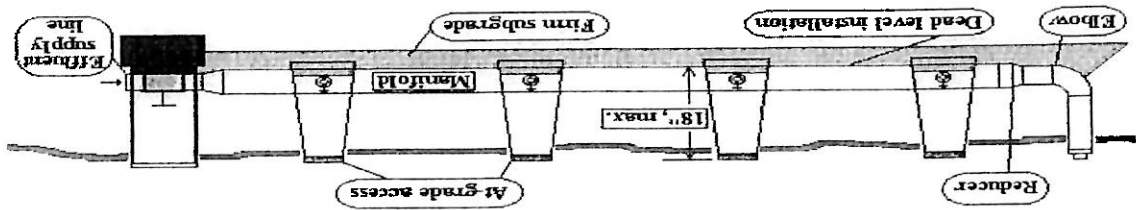


** GATE VALVE IS REQUIRED IF VALVE IS USED FOR PRESSURE ADJUSTMENT.

Plan View of Pressure Manifold for Level Site Installation
(not to scale)



Profile View of Pressure Manifold for Level Site Installation
(not to scale)



210105

Tank Water Tightness Testing Procedures

Leak testing procedures

1. The tank shall be set and leveled. The tank hole may be backfilled to a point below the midseam of a two-piece tank or to the midpoint of a one-piece tank. If the site conditions do not allow the tank hole to be left open or if you choose not to leave the tank hole open, the tank shall be leak tested onsite prior to placement in tank hole.

2. The manhole riser(s) (if applicable) shall be attached to the tank according to state approved plans.
3. The tank shall be filled with water 2" above the seam where the manhole riser is connected to the top of the tank, or to a point level with the top of the tank in both manholes if riser(s) are not required. It is strongly recommended to perform the leak test prior to removing any tank block out (placing any pipes into/out of the tank). If the tank block outs have been removed and pipe has been installed it will be necessary to block or plug the inlet and outlet pipe to prevent flow from these pipes. It may also be necessary to place mastic around the bevel of the inlet manhole and weight the lid down to prevent leakage.

4. After filling and allowing for the concrete to absorb water (about 24 hours) add any additional water needed to get water level back to the starting level.
5. Contact Applied Resource Management to conduct the test. The test will take a minimum of 24 hours and will not be conducted Friday or the day prior to a Holiday.

6. Only after the completion of a satisfactory leak test will the tank be approved for use.

Vacuum Testing Procedures (Concrete Tanks Only)

1. The tank shall be set and leveled. The tank hole may be back filled to a point below the midseam of a two-piece tank or to midpoint of a one-piece tank. If site conditions do not allow the tank hole to be left open or if choose not to leave the tank hole open, the tank shall be leak tested on site prior to placement in tank hole.
2. The manhole riser(s) (if applicable) shall be attached to the tank according to state approved plans.
3. The tank shall be vacuum tested per the following:

$$\frac{\text{Inches of Mercury}}{5"} \leq \frac{\text{Duration}}{2\text{Min.}}$$

($\leq 10\%$ pressure drop / $\leq .5$ inch loss of mercury shall constitute and acceptable test)

4. Applied Resource Management representative shall be present during vacuum testing procedure.
5. Only after the completion of a satisfactory vacuum test will the tank be approved for use.

II.

I.

Additional Specifications

1. There shall be no splices in any electrical cable within the pump chamber.
2. Pump and alarm must be on two separate live electrical circuits which operate independently of each other.
3. If the pump manufacturer specifies that the "pump off" level be below the top of the pump, the following manufacturer's specifications and adjust the floats accordingly.
4. Check valves shall be mounted horizontally and such that a siphon breaker hole can be drilled on the pump side of the valve.
5. Only those tanks specifically approved by the State of North Carolina and appropriately stamped shall be used for pump tanks. Modified septic tanks shall not be approved.
6. A complete and approved installation is required for this permit to continue to be valid beyond five years elapsed time from the date of issuance.
7. The permit is valid subject to all conditions so noted on this permit, the operations permit, the approved plans and specifications, and any written correspondence that may specify a condition or requirement.
8. This permit is valid only for as long as it meets all requirements of the G.S. Chapter 130A Article 11 and related portions of NC Administrative Code.
9. No driving or parking shall be allowed over any portions of the system or repair area unless specifically approved elsewhere in this permit.
10. System operation, maintenance, and repairs shall be the responsibility of the land owner as named on this permit.
11. The pump curve for the effluent pump installed shall be available during system inspection.
12. Paperwork confirming that the electrical enclosure used is NEMA 4X rated shall be available during system inspection. (Paperwork used in NEMA 4X rated is clearly marked on the enclosure.)

Date: 8/2/21

To Whom It May Concern:

RE: Agent Authorization Letter

I authorize Walter Giese, acting as a Authorized On-site Wastewater Evaluator to submit a Notice of Intent to Construct a wastewater system in accordance with SL 2020-97, Section 3.19 and General Statute GS 130A-336.2.

Please let me know if you have any questions

Sincerely,

Chris Plaford
Chris Plaford

Property Owner:
Please Print Name:

Lot 64 Belvedere, Hampstead

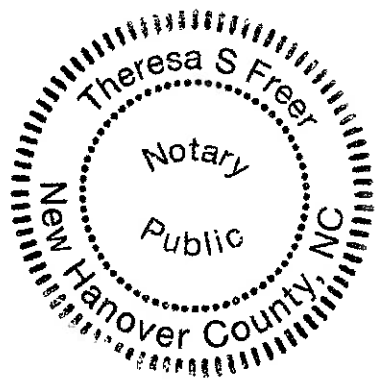
Property Address:

Notary as needed:

This instrument was signed and sworn before me on this 2 day of August, 2021 by Chris Plaford.

Notary Signature: Theresa S Freer

Notary printed Name: Theresa S Freer
My commission expires March 7, 2024





APPLI-4

OP ID: KW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/03/2020

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 Central Carolina Insurance 317 Jake Alexander Blvd. S. P O Box 4078 Salisbury, NC 28145-4078 Stephen Melton 704-636-5311	CONTACT NAME: Stephen Melton PHONE (A/C No, Ext): 704-636-5311 FAX (A/C No.): 704-636-7141 E-MAIL ADDRESS: certs@centralcarolina.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Admiral Insurance Company NAIC # 24855	
INSURER B:	
INSURER C:	
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 SUBR INSP. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		FEI-ECC-25510-02	10/15/2020	10/15/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
A X	Professional Liab		FEI-ECC-25510-02 \$1M/\$2M	10/15/2020	10/15/2021	MED EXP (Any one person) \$ 5,000
A X	Pollution Liab		FEI-ECC-25510-02 \$1M/\$2M	10/15/2020	10/15/2021	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER					PRODUCTS - COMP OR AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea occurrence) \$
	ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	Hired AUTOS ONLY	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 2,000,000
X	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		FEI-EXS-25511-02	10/15/2020	10/15/2021	AGGREGATE \$ 2,000,000
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	IN N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER <div style="text-align: right;">PENDCOU</div> <p>Pender County Health Department 803 S. Walker St Burgaw, NC 28459</p>	CANCELLATION 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
--	--

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$1,850.00

Parcel Identifier No. 4224-12-9786-0000 verified by _____ County on the _____ day of _____, 20____
By: 4224-12-8834-0000 & 4224-13-7039-0000 & 4224-13-6071-0000

Mail/Box to: Blackburn & Ording PLLC, 712 Country Club Drive, Hampstead, NC 28443

This instrument was prepared by: Blackburn & Ording PLLC WITHOUT TITLE EXAM

Brief description for the Index: LOT 1, 2, 3, 4, Hackney Division & Utility E'ments, Map 44, Page 16

THIS DEED made this 1st day of April, 2021, by and between

GRANTOR	GRANTEE
Kiren Jaswal and husband Alan Wilson 1813 Kings Landing Road Hampstead, NC 28443	Southeast Partners VII, LLC, a North Carolina Limited Liability Company 1121 Military Cutoff Rd, Ste C336 Wilmington, NC 28405

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of Hampstead, Topsail Township, Pender County, North Carolina and more particularly described as follows:

See attached Exhibit A

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4409 page 125.
All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.
A map showing the above described property is recorded in Plat Book 44 page 16.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

 (Entity Name) Kiren Jaswal (SEAL)
 Print/Type Name: Kiren Jaswal

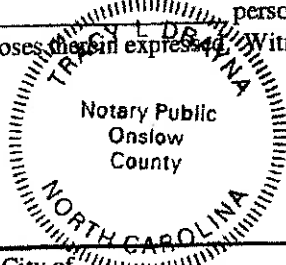
By: _____
 Print/Type Name & Title: _____ Alan Wilson (SEAL)
 Print/Type Name: Alan Wilson

By: _____
 Print/Type Name & Title: _____ (SEAL)
 Print/Type Name: _____

By: _____
 Print/Type Name & Title: _____ (SEAL)
 Print/Type Name: _____

State of North Carolina - County or City of Pender

I, the undersigned Notary Public of the County or City of Pender and State aforesaid, certify that Kiren Jaswal and husband Alan Wilson personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 1st day of April, 2021.



Tracy L. Deane
 Notary's Printed or Typed Name

My Commission Expires: 10-1-2022
 (Affix Seal)

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20____.

My Commission Expires: _____
 (Affix Seal) _____
 Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____
 (Affix Seal) _____
 Notary's Printed or Typed Name

Exhibit A

Situated in or near the Town of Hampstead, Pender County, North Carolina and being more particularly described as follows:

BEING all of Lots 1, 2, 3 and 4 as shown on that map entitled, "Hackney Division," recorded in Map Book 44, Page 16, in the Office of the Register of Deeds of Pender County, North Carolina, reference to which map is hereby made for a more particular description.

TOGETHER WITH those certain perpetual easements shown on Map Book 43, Page 113, Pender County Registry described as follows: Utility Easement for Tract "A" (0.38 +/- acre easement area, now for Lots 1, 2 and 4 as shown on Map Book 44, Page 16, Pender County Registry), 10' wide utility easement for Tract "A" (now Lots 1, 2 and 4), and 10' drainage easement for Tract "A" (now Lots 1, 2 and 4) and B-R, and 30' +/- wide access easement all as set forth in that certain Easement Agreement recorded in Book 3165, Page 86, Pender County Registry.

SUBJECT to all easements, rights of way and restrictions of record, all governmental land use statutes, ordinances and regulations, including zoning, subdivision and building regulations and ad valorem taxes for the current and subsequent years.

TOGETHER with all riparian rights and all rights of pierage and wharfage.

Classification	S	PS	U
Landscape/Slope (.1940)	x		
Soil Characteristics (.1941)		x	
Soil Wetness (.1942)		x	
Soil Depth (.1943)		x	
Rest. Horizon (.1944)		x	
Avail. Space (.1945)		x	
Other Factors (.1946)		x	
Site Class. (.1948)			x

Soil Profile 1 and 3

0-4" Black (10YR 2/1) loamy sand, granular, very friable, non-expansive.
 4-12" Dark yellowish brown (10YR 4/6) loamy sand, granular, very friable, non-expansive.
 12-32" Light yellowish brown (10YR 6/4) sand/loamy sand, granular, very friable, non-expansive.
 32-48" Brownish yellow (10YR 6/6) loamy sand, granular, very friable, non-expansive with yellowish brown (10YR 6/8) mottles at 42".

Soil Profile 2

0-4" Black (10YR 2/1) loamy sand, granular, very friable, non-expansive.
 4-12" Dark yellowish brown (10YR 4/6) loamy sand, granular, very friable, non-expansive.
 12-32" Light yellowish brown (10YR 6/4) sand/loamy sand, granular, very friable, non-expansive.
 32-48" Brownish yellow (10YR 6/6) loamy sand, granular, very friable, non-expansive with yellowish brown (10YR 6/8) mottles at 36".

Soil Profile 4

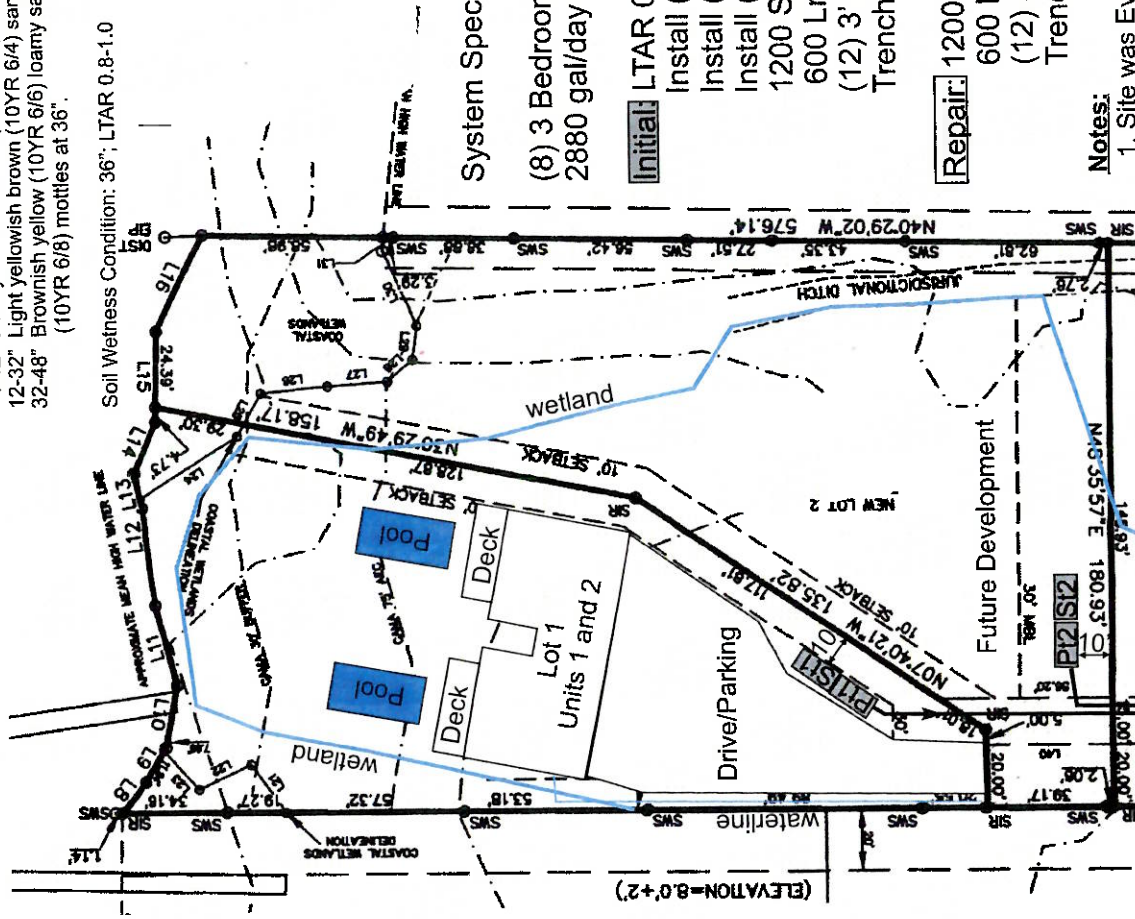
0-10" Very dark gray (10YR 3/1) loamy sand, granular, very friable, non-expansive
 10-30" Light yellowish brown (10YR 5/4) loamy sand, granular, very friable, non-expansive
 30-48" Light yellowish brown (2.5Y 6/3) sand/loamy sand, granular, very friable, non-expansive with yellowish brown (10YR 6/8) mottles at 30" (saturated)

Soil Wetness Condition: 30"; LTAR 0.8-1.0



2 August 2021

BHUS-127-2021



System Specifications:

(8) 3 Bedroom Units; 24 total bedrooms
 2880 gal/day

Initial: LTAR 0.8

- Install (4) 1,500 gallon septic tanks (ST)
- Install (4) 1,000 gallon pump tanks (PT)(PT1 through PT4)
- Install (1) >2,191 gallon common pump tank (CPT)
- 1200 Sq. Ft. Pre-fabricated Permeable Block Panel System
- 600 Ln. Ft. Pre-fabricated Permeable Block Panel System
- (12) 3' x 50' PPBPS Nitrification Trenches
- Trench bottom depth 18"; requires additional soil cover

Repair:

- 1200 Sq. Ft. Pre-fabricated Permeable Block Panel System
- 600 Ln. Ft. Pre-fabricated Permeable Block Panel System
- (12) 3' x 50' PPBPS Nitrification Trenches
- Trench bottom depth 18"; requires additional soil cover

Notes:

1. Site was Evaluated using hand augers in accordance with 15A NCAC 18A .1900 regulations

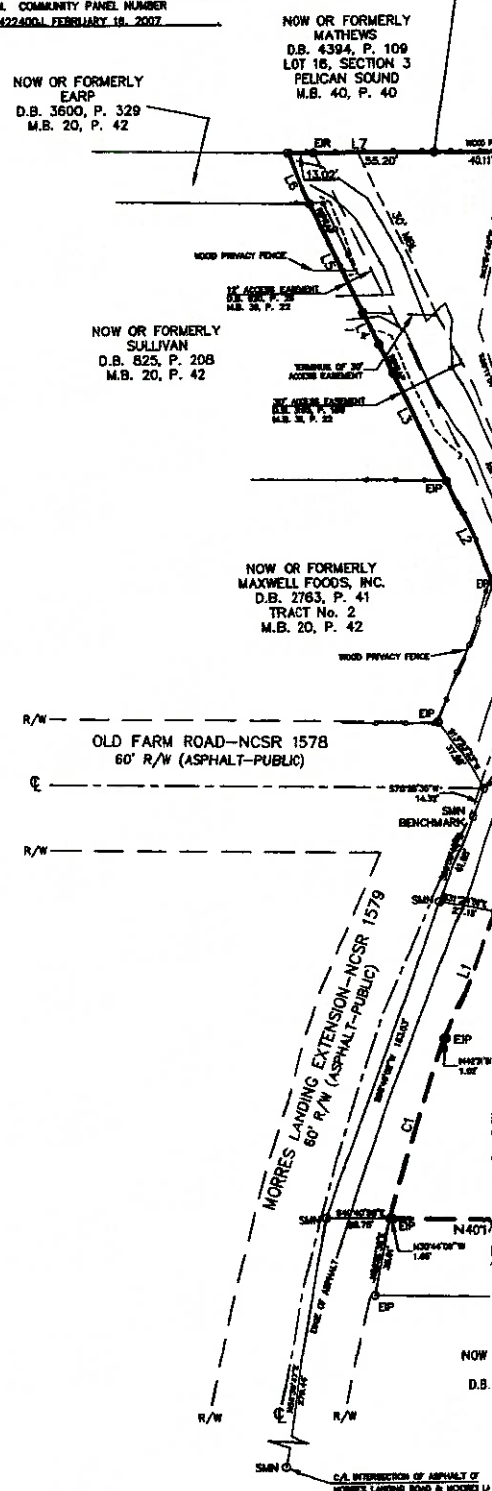
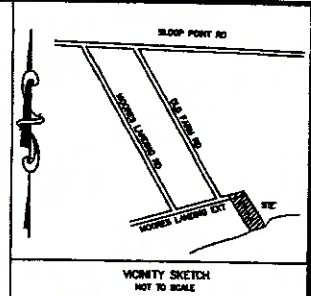
I, CHARLES FRANCIS RIGGS, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK SEE TITLE SOURCES LISTED); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS BROKEN LINES AND DRAWN FROM INFORMATION FOUND IN DEED BOOKS AND RECORDS; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDE AND LONGITUDE IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS AND PRACTICES AMENDED; THIS 22ND DAY OF JULY 2021.

CHARLES FRANCIS RIGGS, P.L.L.C. L-2981
 CHARLES FRANCIS RIGGS
 LAND SURVEYOR

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS LOCATED IN FLOOD ZONE "C", WHICH IS NOT A SPECIAL FLOOD HAZARD AREA & FLOOD ZONE "AE" & "VE" WHICH IS A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, AND THE NATIONAL FLOOD INSURANCE PROGRAM. COMMUNITY PANEL NUMBER 370344_37224224004 FEBRUARY 19, 2007

L. CHARACTERIZATION BY REGISTER OF DEEDS TO OBTAIN

TIME: 11:44:23 AM
 Page 1 of 1
 North Carolina
 Register of Deeds
 144 - 64 (1)



I, CHARLES FRANCIS RIGGS, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL GPS SURVEY MADE UNDER MY SUPERVISION IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE SURVEY:

- (1) CLASS OF SURVEY: CLASS A
- (2) POSITIONAL ACCURACY: 1:10000 (95% CONFIDENCE)
- (3) TYPE OF GPS FIELD PROCEDURE: REAL TIME KINEMATIC NETWORKS
- (4) DATES OF SURVEY: DECEMBER 05, 2020 - JAN 11, 2021
- (5) DATUM/EPOCH: NAD 83(CORS) / 2010.00
- (6) PUBLISHED/FIXED-CONTROL USE: JACKSONVILLE CORS ARP (CORS ID-NC-V)
- (7) GEOID MODEL: GEOID18
- (8) COMBINED GRID FACTORS: 0.99991534
- (9) UNITS: U.S. SURVEY FEET

THIS 22ND DAY OF JULY 2021
 CHARLES FRANCIS RIGGS, P.L.L.C. L-2981
 CHARLES FRANCIS RIGGS
 LAND SURVEYOR

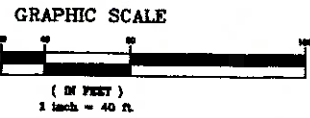
TAX MAP #

4224-12-8834-0000 (LOT 2)
4224-12-8788-0000 (LOT 1)
4224-13-8071-0000 (LOT 4)
4224-13-7038-0000 (LOT 3)

REFERENCES

D.B. 820, P. 28
D.B. 825, P. 208
D.B. 2763, P. 41
D.B. 3165, P. 86
D.B. 3600, P. 329
D.B. 3616, P. 208
D.B. 4082, P. 134
D.B. 4394, P. 109
D.B. 4408, P. 125
D.B. 4635, P. 875
D.B. 4882, P. 2910
D.B. 4747, P. 1457
M.B. 20, P. 42
M.B. 30, P. 22
M.B. 40, P. 40
M.B. 41, P. 142
M.B. 43, P. 113
M.B. 44, P. 16

- LEGEND**
- CC = CONTROL CORNER
 - ECM = EXISTING CONCRETE MONUMENT (FOUND)(CONTROL CORNER)
 - EP = EXISTING IRON PIPE (FOUND)
 - ER = EXISTING IRON ROD (FOUND)
 - EMN = EXISTING MAGNETIC NAIL (FOUND)(CONTROL CORNER)
 - EPK = EXISTING PARKER-KALON NAIL (FOUND)(CONTROL CORNER)
 - ERRS = EXISTING RAILROAD SPIKE (FOUND)
 - MBL = MINIMUM BUILDING LINE
 - NMP = NON MONUMENTED POINT
 - R/W = RIGHT OF WAY
 - SCM = SET CONCRETE MONUMENT (CONTROL CORNER)
 - SP = SET IRON PIPE
 - SR = SET IRON ROD
 - SMN = SET MAGNETIC NAIL (CONTROL CORNER)
 - SPK = SET PARKER-KALON NAIL (CONTROL CORNER)
 - SWS = SET WOOD STAKE
 - CL = CENTERLINE
 - WM = WATER METER
 - FH = FIRE HYDRANT
 - WV = WATER VALVE
 - SSM = SANITARY SEWER MANHOLE
 - CO = CLEAN OUT
 - TP = TELEPHONE PEDESTAL
 - TV = TELEVISION PEDESTAL
 - FOM = FIBER OPTIC CABLE MARKER
 - LP = LIGHT POLE
 - PP = POWER POLE
 - PL = POWER LINE
 - ET = ELECTRIC TRANSFORMER
 - X1.2 = EXISTING SPOT ELEVATION



CHARLES F. RIGGS & ASSOCIATES, INC. (C-7)
 LAND SURVEYING - CONVENTIONAL & GLOBAL POSITIONING SYSTEMS
 LAND PLANNING & COMPUTER MAPPING
 502 NEW BRIDGE STREET
 P.O. BOX 1570
 JACKSONVILLE, NC 28540-1570
 TELEPHONE: (910) 455-0877
 E-MAIL: riggsland@riggslandnc.com
 LANDFALL EXECUTIVE SUITES
 1213 CULBRETH DRIVE
 WILMINGTON, NC 28405
 TELEPHONE: (910) 681-7444

ACTUAL FIELD SURVEY DATE: MAY 19, 2021
 MAPPING DATE: JULY 21, 2021
 FIELD BOOK: 1173, PAGE: 1
 PROJECT NUMBER: 20-12-07

MR LOR PL-Lot 54