

PROPERTY SERVICE CHART

ADDRESS

REID #

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A2

Guilford County Environmental Health

IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION / WELL APPLICATION

☒ Improvement Permit ☐ Construction Authorization ☐ New Well ☐ Well Repair/Abandonment

Bldg permit # _____ Septic permit # 25-02-SNHR-01512 Well permit # _____
Property Address: 6436 Beulah Church Road, Liberty, NC 27302
Parcel/REID Number: 239615 Property Acreage: 9.71 Date Parcel Originally Deeded and Recorded: _____
Subdivision (if applicable) N/A Lot #: 9 Phase: _____ Section: _____

Directions to property: See Attached.

Applicant: Michael Wood
Mailing Address: 620 Lee Fox Lane
City: Hillsborough
State: NC Zip: 27278
Phone #: 919-417-8027
Email: Michael@woodsoilconsultants.com

Owner: Reedy Property Investments, LLC
Mailing Address: 301 N Main Street
Suite 501
City: Greenville
State: SC Zip: 29601
Phone #: 336-260-5523
Email: ttaylor@reedpg.com

Wastewater System Request: ☒ New ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair

Facility Type (House, Addition, Restaurant, Office, etc.): House

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

Number of seats: _____ Number of Employees: _____ Other: _____

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

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

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Is a grinder pump proposed before the septic tank? ☐ Yes ☒ No

Type of Water Supply: ☒ Private well ☐ Community well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Are there any existing wells, springs, or existing waterlines on this property? ☐ Yes ☒ No

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

☐ Any ☐ Accepted ☐ Conventional ☐ Innovative ☐ Other _____

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

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the site contain any existing septic systems or wastewater disposal systems?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any easements or right of ways on this property?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has 811 been contacted and identified any underground utilities on the property? If yes, please list
Ticket reference number: _____ Visit by Date: _____	

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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for 60 months or without expiration depending upon documentation submitted.

Michael G. Wood
Property Owner's or Owner's Legal representative signature (required)

February 13, 2025

Date

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



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: GuilfordPIN/Lot Identifier: PIN: 8820-80-4476Issued To: Reedy Property Investments, LLCProperty Location: 6436 Beulah Church Road, Liberty, NC 27302Subdivision (if applicable) _____ Lot #: 9 Block: _____ Section: _____LSS Report Provided: Yes ☒ No ☐If yes, name and license number of LSS: Michael Wood, 1219New ☒Expansion ☐System Relocation ☐Change of Use ☐Facility Type: single-family residentialNumber of bedrooms: 5 Number of Occupants: 10 Other: _____Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WastewaterProposed Design Daily Flow: 600 GPD Proposed LTAR (Initial): 0.25 Proposed LTAR (Repair): 0.25Proposed Wastewater System Type*: Type IIIg (V-PPBPS) (Initial) Pump Required: ☐ Yes ☐ No ☒ May be requiredProposed 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 ☐ RCWSaprolite System (Initial): ☒ Yes ☐ No Saprolite System (Repair): ☒ Yes ☐ NoFill 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)*: >81" Usable Depth to LC (Repair)*: >81" *Limiting ConditionMax. Trench Depth (Initial)*: 51" Max. Trench Depth (Repair)*: 51" *Measured on the downhill side of the trenchArtificial 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. WoodLicensed Soil Scientist Signature: Michael G. Wood Date: February 13, 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: _____

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)*: _____ ^{*Limiting 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: _____

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: _____



Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: _____

PIN/Lot Identifier: _____

Issued To: _____

Additional Improvement Permit Conditions:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Additional Construction Authorization Conditions:

[illegible]



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 _____ ☐ 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: William J. Taylor
Mailing Address: 301 N Main Street
Suite 501
City: Greenville
State: NC Zip: 29601
Phone #: 336-260-5523
Email: ttaylor@reedypg.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: November 12, 2024
Date: 2024.09.11 11:47:03 -0400

Owner's Signature: William Taylor For Reedy Property Investments Date: 11/12/24
Digitally signed by William Taylor For Reedy Property Investments Nov 12, 2024 17:31 EST

AGENT AUTHORIZATION FORM

G.S. 130A-335(a2) (a3) (a4) and (a5) Evaluation

PROPERTY LEGAL DESCRIPTION:

Lot No. 9 Phase: N/A PIN: 8820-80-4476

STREET ADDRESS: 6436 Beulah Church Road
Liberty, NC 27298

Please print:

Property Owner: William J. Taylor

Property Owner: _____

Property Owners Address (if different than property above):

301 N. Main Street, Suite 501, Greenville, SC 29601

Property Owner Telephone: 336.260.5523

Property Owner email: ttaylor@reedypg.com

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.

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) (a3) (a4) and (a5), as applicable.

Owner's Signature
William J Taylor III
William J Taylor III (Jan 23, 2025 13:58 EST)

Date
01/18/25

Owner's Signature

Date

Owner's Legal Representative Signature

Date

Michael G. Wood 01/18/2025

LSS Signature

Date

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

for

**Lot 9 Ellington Tract
6436 Beulah Church Road
Liberty, NC 27302**

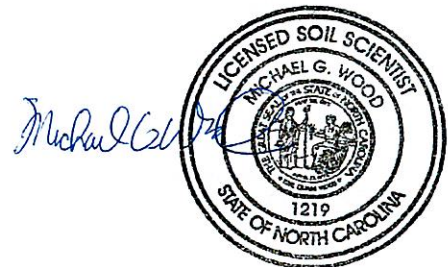
Guilford County PIN: 8820-80-4476
February 13, 2025

Prepared for:

Reedy Property Investments
ATTN: William Taylor
301 N Main Street, Suite 501
Greenville, SC 29601
ttaylor@reedypg.com

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

Reedy Property Investments, LLC 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 with a 600 gallon per day (GPD) design flow to be located at the 10.03-acre Lot 6 of the Ellington Tract located at 6436 Beulah Church Road, Liberty, NC (Guilford County PIN: 8820-80-4476).

Based upon a soils investigation performed by WSC, it has been determined that a sufficient amount of "Suitable" Group II soils is available for the installation of a "**Vertical-Prefabricated Permeable Block Panel System (V-PPBPS)**" for the initial and repair systems at a 0.25 GPD/ft. sq. long term acceptance rate (LTAR). It is anticipated that the lot will be served by a private well.

Location

From Greensboro, take E Gate City Blvd for 3.1 miles where it becomes E Lee Street, straight for 1.3 miles then right onto Nelson Farm Road, turn left Alamance Church Road for 10.5 miles, right onto Beulah Church Road, destination will be on right in 0.8 mile.

References

The working copy of North Carolina statutes for waste disposal 15A NCAC 18E, updated September 11, 2024.

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

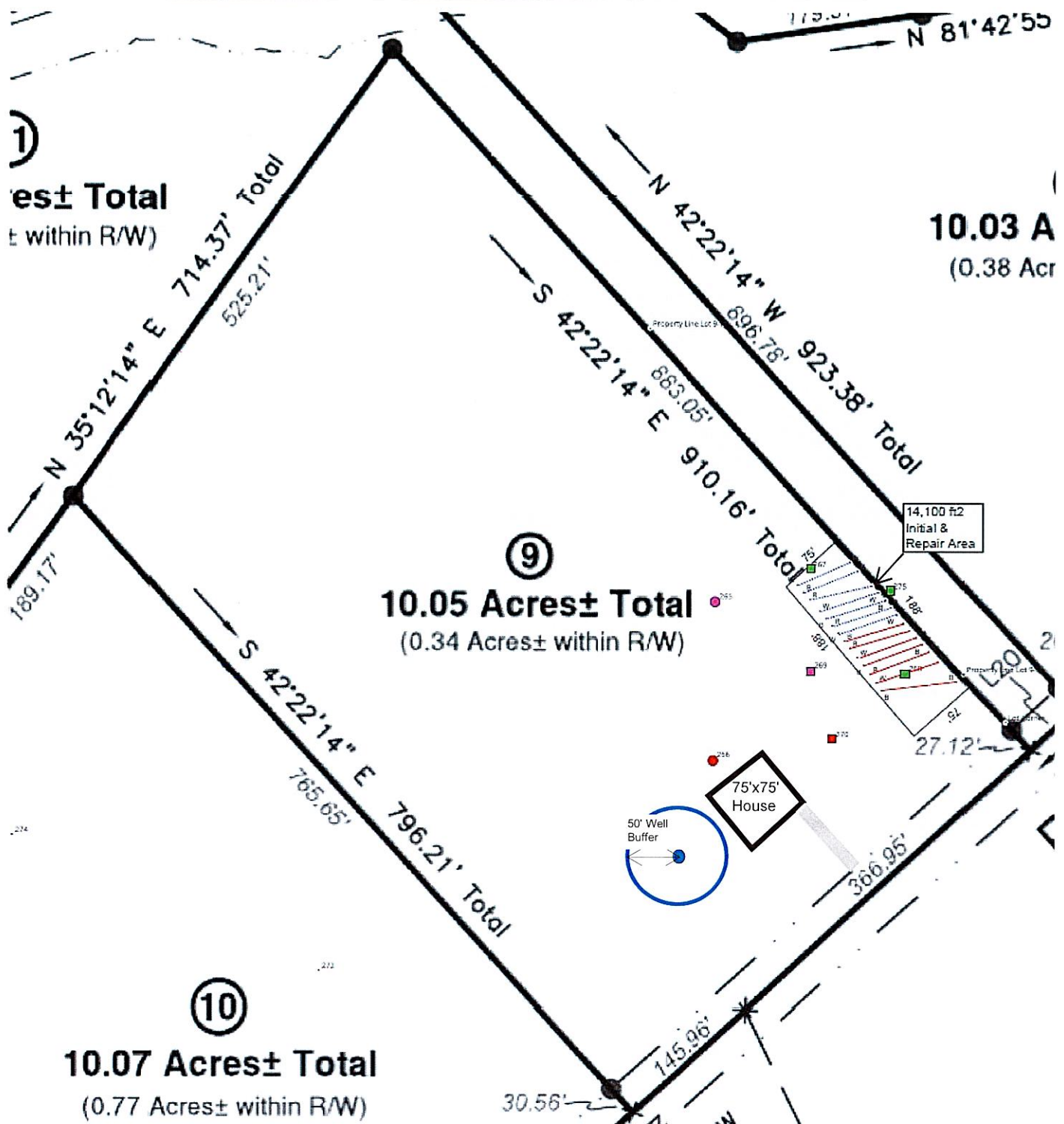
1. The initial drainfield has been previously laid out on-site utilizing metal stemmed flags. The property owner/builder should mark this area and isolate it as much as possible from construction traffic.
2. Under no circumstances shall any construction take place within the drainfield area while the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

4. The initial drainfield consists of seven (7) drainlines, each 2-feet wide and lengths as indicated in the Table below. Total drainline length is 406 feet.
5. Maximum trench depth for this system shall be **50-inches, on the low side**.
6. Each trench shall be placed on 9-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 - Ellington Tract Lot 9, 600 GPD, 0.23 LTAR, V-PPBPS						
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Blue	Initial	70	58	5.34	100.00
2	White	Initial	60	58	5.64	99.70
3	Red	Initial	60	58	5.82	99.52
4	Blue	Initial	60	58	6.06	99.28
5	White	Initial	60	58	6.24	99.10
6	Red	Initial	60	58	6.51	98.83
7	Blue	Initial	60	58	6.64	98.70
8	White	Repair	60	58	6.80	98.54
9	Red	Repair	60	58	7.04	98.30
10	Blue	Repair	60	58	7.21	98.13
11	White	Repair	60	58	7.43	97.91
12	Red	Repair	60	58	7.67	97.67
13	Blue	Repair	60	58	7.95	97.39
14	White	Repair	60	58	8.20	97.14
				812		
				Benchmark Line 2:	5.34	100

The enclosed Licensed Soil Scientist Evaluation is being submitted pursuant to and meets the requirements of SL 2022-11. Reedy Property Investments requests that Guilford 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).**

Figure 1. Lot 9 Ellington Tract



[illegible]

 Conventional Type
 Low-Profile Chamber
 Drip
 Unsuitable

Soil Evaluation Form

Wood Soil Consultants, PLLC

620 Lee Fox Lane

Hillsborough, NC 27278

919.417.8027

PHILIPPI RD

Sheet 27 of

Job: EUNINGTON TRACT

County: GUILFORD

Date: 1-3-25

	1/28/25 Soil Borings									
	261	262	263	264	265	266	PIT	PIT	PIT	PIT
Landscape Position	R	R	SS	LS	LS	LS	SS	SS	LS	SS
Slope (%)	2	2	5	4	5	5	4	3	3	2
Horizon 1 Depth	0-4	0-9	0-5	0-12	0-4	0-28	0-4	0-10	0-8	0-13
Texture	CL	SCL	SC	SCL	SCL	SL	SL	SL	SL	SL
Consistence	FL	FL	FI	FL	FL	FL	VFI	VFI	VFI	VFI
Structure	GR	GA	SBV	SSK	SBK	SBK	GA	GA	GR	LF
Clay Mineralogy	S	S	S	S	S	J	N	N	N	N
Horizon 2 Depth	4-15	9-23	5-24	12-24+	4-27	28-44	9-31	10-15	8-13	13-21
Texture	C	C	C	C	C	SC	C	SCL	SCL	SCL
Consistence	VFI	FI	FI	FI	VFI	VFI	VFI	FL	FE	FI
Structure	ABK	A-SBK	A-SBK	SBK	ABK		ABK	SBK	SBK	SBIL
Clay Mineralogy	EXP	S	S	S	EXP		EXP	S	S	S
Horizon 3 Depth	15-20	23-49	24-56+		29-36+		31-51	15-28	18-22	21-29
Texture	C	CL	CL		SCL		SCL	C	C	C
Consistence	FI	FL	FL		FI		FI-FL	VFI	VFI	VFI
Structure	SBK	SBK	SBK		M		M	ABK	ABK	ABK
Clay Mineralogy	S	S	C		S		S	EXP	EXP	EXP
Horizon 4 Depth	20-44	49-56+					51-81+	28-44	22-40	29-51
Texture	CL	L					SL	SCL	SC	C
Consistence	FL	FL					FR	FE	FE	VFI
Structure	SBK	SBK					M	M	M	M
Clay Mineralogy	S	S					N	N	EXP	EXP
Horizon 5 Depth	44-50							44-80+	40-80	51-74
Texture	C							SL	SCL	SCL
Consistence	FL							FL	FI	FI
Structure	M							M	M	M
Clay Mineralogy	N							N	N	N
Soil Wetness				23	22	12			19	12
Restrictive Horizon										
Saprolite	44-50									
Other										
CLASSIFICATION	S	S	S	LPC	DRIP	U	S-SAP	S-SAP	DRIP	U
LTAR (gpd/ft ³)	0.25	0.25	0.25	0.25			0.25	0.25		

6-9

9-18
SCL

18-36
C
VFI

36-52
C
VFI
N
EXP
52-65

18

DRIP

Comments:

Evaluated by: M. Wood, E. Wood

Soil Evaluation Form

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

Sheet 28 of
Job: ELLINGTON TRACT
County: GUILFORD
Date: 1/28/25

Phillip Rd

BORINGS

PIES
Soil Borings

	271	272	273	274	275	276	277	278	279	280
Landscape Position	LS	LS	LS	LS		LS	NS	NS	LS	LS
Slope (%)	2%	2	3	4%		5	6	6	5	3
Horizon 1 Depth	0-11	0-4	0-8	0-7	0-10	0-9	0-7	0-70	0-9	0-9
Texture	SL	SL	SCL	SCL	SL	SL	SL	SL	SL	SL
Consistence	Fr	Fr	Fr	Fr	VFr	VFr	VFr	VFr	Fr	VFr
Structure	Gr	Gr	SBL	SBL	Gr	Gr	Gr	Gr	Gr	Gr
Clay Mineralogy	N	N	S	S	N	N	N	N	N	N
Horizon 2 Depth	11-14	4-7	8-11	7-10	10-18	9-18	7-40	10-22	9-34	8-16
Texture	SL	SCL	SL	SL	SCL	SCL	C	C	SC	C
Consistence	VFr	Fr	VFr	VFr	Fr	Fr	VFr	VFr	Fr	VFr
Structure	ABH	SBL	ABH	ABH	SBL	SBL	M-BK	M-ABH	SBL	ABH
Clay Mineralogy	S	S	EXP	EXP	S	S	EXP	EXP	S	EXP
Horizon 3 Depth					18-31	18-36	40-53	22-31	34-54	16-47
Texture					C	C	C	L	SCL	SCL
Consistence					VFr	VFr	VFr	Fr	Fr	Fr
Structure					ABH	ABH	M	M	M	M
Clay Mineralogy					EXP	EXP	EXP	N	N	N
Horizon 4 Depth					31-51	36-52	53-67	31-54	54-70+	47-81
Texture					SLL	C	SL	L	SCL-SL	SL
Consistence					Fr	VFr	Fr	Fr	Fr	Fr
Structure					M	M	M	M	M	M
Clay Mineralogy					S	EXP	N	N	N	N
Horizon 5 Depth					51-84	52-83	67+	54+		
Texture					SL	SC	Gr	Gr		
Consistence					Fr	Fr				
Structure					M	M				
Clay Mineralogy					N	N				
Soil Wetness	4	2	5	3		18-63+	7+	7-31	5-70+	9-16
Restrictive Horizon					18-31					
Saprolite										
Other										
CLASSIFICATION	V	V	V	V	S-SAP	DRIP	V	V	V	S-SAP
LTAR (gpd/ft ²)					0.35					0.3

Comments:

Evaluated by: M. Wood, E. Wood



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2024

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 Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102	CONTACT NAME: David Vaughan Jr PHONE (A/C, No, Ext): 9187797884 FAX (A/C, No): 817-882-9284 E-MAIL ADDRESS: dlvr@higginbotham.net
INSURED Wood Soil Consulting, PLLC 620 Lee Fox Lane Hillsborough NC 27278	INSURER(S) AFFORDING COVERAGE INSURER A: Mid-Continent Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
License#: 2081754 MICHWOO-01	NAIC # 23418

COVERAGES**CERTIFICATE NUMBER:** 422551727**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			04-GL-001114901	4/1/2024	4/1/2025	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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			04-GL-001114901	4/1/2024	4/1/2025	Occurrence 1,000,000 Aggregate 3,000,000

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

CERTIFICATE HOLDER**CANCELLATION**FOR INFORMATIONAL PURPOSES ONLY
INFO ONLY

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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