

PROPERTY SERVICE CHART

6625 Phillipi Rd

239609

ADDRESS

REID #

SERVICE	COMMENTS	DATE	REHS
Preliminary Plat Check	Preliminary approved, GPS located iron pins in place for future septic easement.	1/7/25	EAE



Guilford County Environmental Health

IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION / WELL APPLICATION

Improvement Permit Construction Authorization New Well Well Repair/Abandonment

Bldg permit # 24-06-SUB-00313 Septic permit # 25-01-PCR-00143 Well permit # _____

Property Address: 6625 Phillippi Road, Liberty, N.C. 27302

Parcel/REID Number: 239609 Property Acreage: 10.37 Acres Date Parcel Originally Deeded and Recorded: 9/26/2024

Subdivision (if applicable) P.B. 216, Pg. 53 Lot #: 3 Phase: _____ Section: _____

Directions to property: From Downtown Greensboro: take E Gate City Blvd and continue onto to E. Lee St., turn right onto Causey Lake Rd, turn left onto Alamance Church Rd, then right onto N.C. HWY 62 E, then turn left onto Phillippi Road

Applicant: Randall K. Page
Mailing Address: 505 E. Davis Street
City: Burlington
State: N.C. Zip: 27215
Phone #: 336-227-8723
Email: randallp@boswellsurveyors.com

Owner: Reedy Property Investments, ETAL
Mailing Address: 301 N Main Street, Suite 501
City: Greenville
State: S.C. Zip: 29601
Phone #: 336-260-5523
Email: ttaylor@reedpq.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.

- Yes No Does the site contain any jurisdictional wetlands?
- Yes No Does the site contain any existing septic systems or wastewater disposal systems?
- 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?
- Yes 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.

Randall K. Page
Property Owner's or Owner's Legal Representative* Signature (required)

Jan. 2 2025
Date

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

Figure 2. Lot 3 Ellington Tract

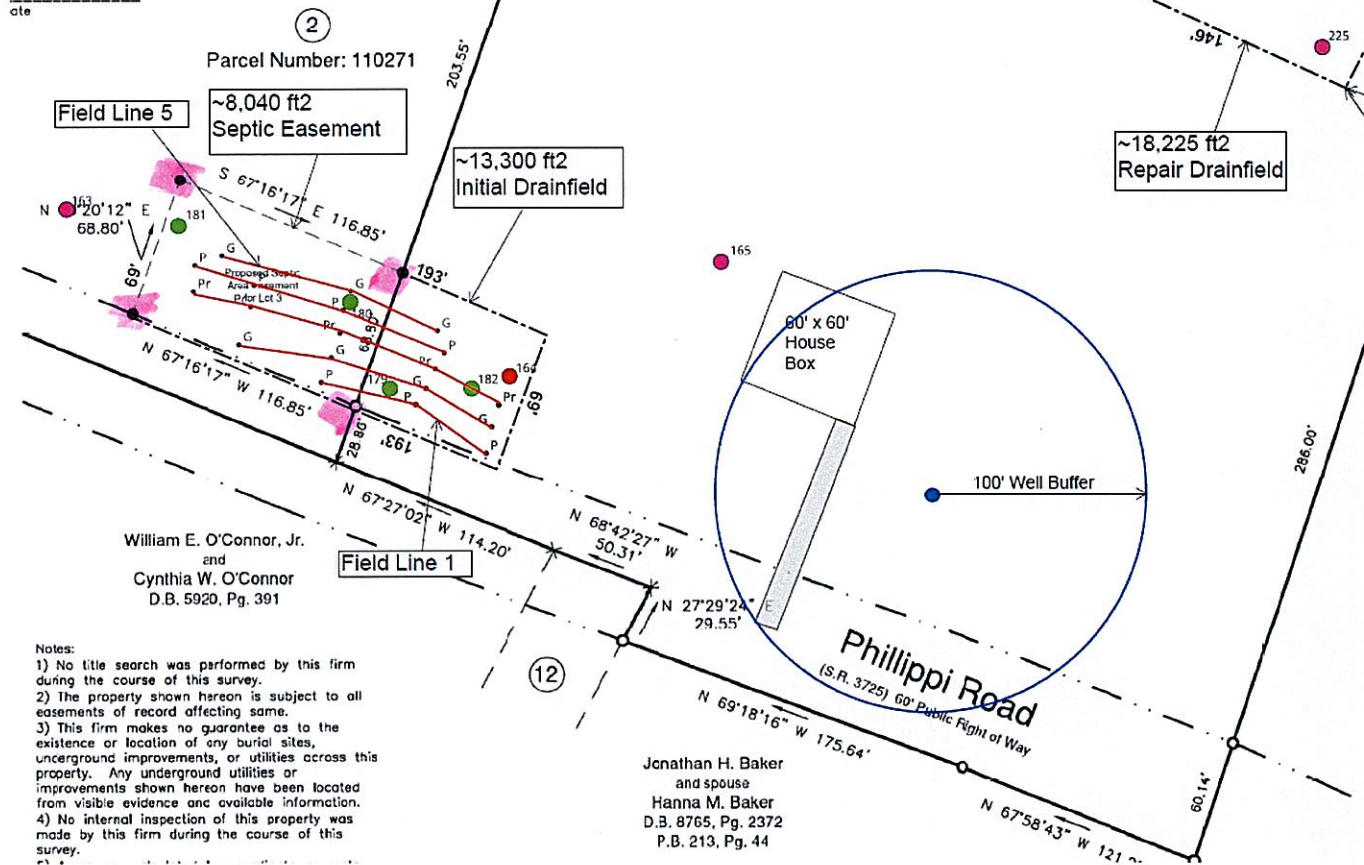
for recordation this _____ day of _____ 20__

Initial System - Ellington Tract Lot 3, 600 GPD, 0.25 LTAR, Accepted

Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Pink	Extra	90	90	6.00	100.00
2	Green	Initial	133	128	6.75	99.25
3	Purple	Initial	160	128	7.85	98.15
4	Pink	Initial	130	128	8.80	97.20
5	Green	Initial	140	128	9.50	96.50

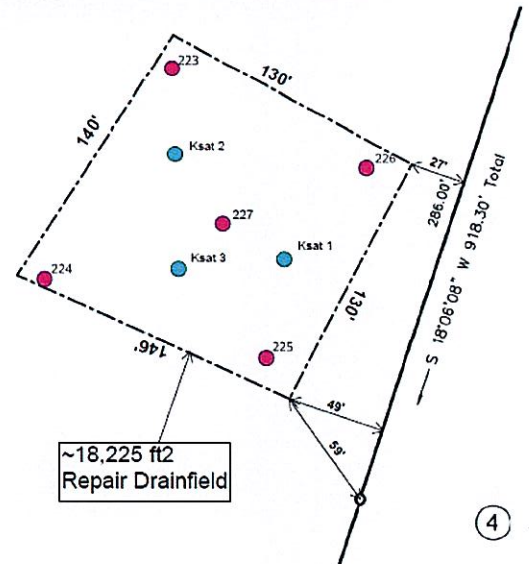
Benchmark Line 1: 6.00 100

Planning & Dev
 State of North
 County of Guilf
 Guilford County
 which this cert
 requirements fr
 Review Officer
 Date



Notes:
 1) No title search was performed by this firm during the course of this survey.
 2) The property shown hereon is subject to all easements of record affecting same.
 3) This firm makes no guarantee as to the existence or location of any burial sites, underground improvements, or utilities across this property. Any underground utilities or improvements shown hereon have been located from visible evidence and available information.
 4) No internal inspection of this property was made by this firm during the course of this survey.

Jonathan H. Baker
 and spouse
 Hanna M. Baker
 D.B. 8765, Pg. 2372
 P.B. 213, Pg. 44



Signed _____
 Signed _____
 Signed _____
 Signed _____
 Signed _____
 Attested _____
 Attested _____
 Attested _____
 Attested _____

Legend:
 ● Conventional Type
 ● Low-Profile Chamber
 ● Drip
 ● Unsuitable

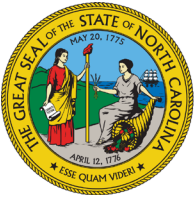
4

PRELIMINARY PL
 Not intended for recordation, conveyance or

**Final Plat
 Survey Septic Area E
 for Lot 3 of
 Subdivision
 for Reedy Property In
 as recorded in P.B. 2**

Greene Township, Guilford County, N
 Randall K. Page L-4
 Firm License Number C-6

BOSWELL
 GRAPHIC SCALE 60 0
BOSWELL SURVEYORS, I
 505 East Davis Street



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: [X] (a2) Improvement Permit [] (a2) Construction Authorization [] Fee \$ _____

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

County: Guilford
PIN/Lot Identifier: PIN: 8820-82-3569
Issued To: Reedy Property Investments, LLC
Property Location: 6625 Phillippi Road, Liberty, NC 27302
Subdivision (if applicable) _____ Lot #: 3 Block: _____ Section: _____
LSS Report Provided: Yes [X] No []
If yes, name and license number of LSS: Michael Wood, 1219

New [X] Expansion [] System Relocation [] Change of Use []
Facility Type: single-family residential

Number of bedrooms: 5 Number of Occupants: 10 Other: _____
Design Wastewater Strength: [X] Domestic [] High Strength [] Industrial Process Wastewater
Proposed Design Daily Flow: 600 GPD Proposed LTAR (Initial): 0.25 Proposed LTAR (Repair): 0.01
Proposed Wastewater System Type*: Type IIIg (Accepted) (Initial) Pump Required: [X] Yes [] No [] May be required
Proposed Wastewater System Type*: Type Va (Aerobic Drip) (Repair) Pump Required: [X] Yes [] No [] May be required

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: [X] DSE [] HSE [] NSF/ANSI 40 [] TS-I [] TS-II [] RCW
Saprolite System (Initial): [X] Yes [] No Saprolite System (Repair): [] Yes [X] No
Fill System (Initial): [] Yes [X] No If yes, specify: [] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [] Yes [X] No If yes, specify: [] New [] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 30" Usable Depth to LC (Repair)*: 15" * Limiting Condition
Max. Trench Depth (Initial)*: 16" Max. Trench Depth (Repair)*: 6" * Measured on the downhill side of the trench
Artificial Drainage Required: [] Yes [X] No If yes, please specify details: _____
Type of Water Supply: [X] Private well [] Public well [] Shared well [] Municipal Supply [] Spring [] Other: _____
Drainfield location meets requirements of Rule .0508: Yes [X] No [] Drainfield location meets requirements of Rule .0601: Yes [X] No []
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Michael G. Wood
Licensed Soil Scientist Signature: [Signature] Date: December 11, 2024

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: _____



Permit/File #: _____

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)^x: _____ ^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: _____

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: _____



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: 820 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: wtaylor@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: 2024.05.11 11:47:03 -0400

Owner's Signature: William Taylor For Reedy Property Investments Date: 11/12/24
William Taylor For Reedy Property Investments (Nov 12, 2024 11:47 EST)

AGENT AUTHORIZATION FORM

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

PROPERTY LEGAL DESCRIPTION:

Lot No. 2 Phase: N/A PIN: 8820726579

STREET ADDRESS: 6605 Phillippi 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 Date
William J Taylor III FOR REEDY PROPERTY INVESTMENTS LLC 11-14-24
William J Taylor III FOR REEDY PROPERTY INVESTMENTS LLC (Nov 14, 2024 13:00 EST)

Owner's Signature Date

Owner's Legal Representative Signature Date
Michael G. Wood 11/14/2024

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 3 Ellington Tract
6625 Phillippi Road
Liberty, NC 27302**

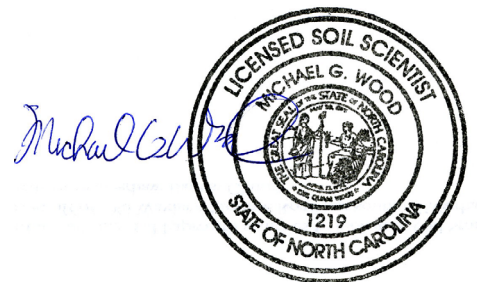
Guilford County PIN: 8820-82-3569
December 11, 2024

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 9.85-acre Lot 3 of the Ellington Tract located at 6625 Phillippi Road, Liberty, NC (Guilford County PIN: 8820-82-3569).

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 an “**Accepted System**” for the initial system at a 0.25 GPD/ft. sq. long term acceptance rate (LTAR). The repair system will be an aerobic Drip System at a 0.10 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 9.4 miles, right onto NC-62 S for 1.0 mile, left onto Phillippi Road, destination will be on left in 0.7 mile.

References

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

Accepted Wastewater System No. AWWWS-2005-01-R10; North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, November 6, 2024

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.

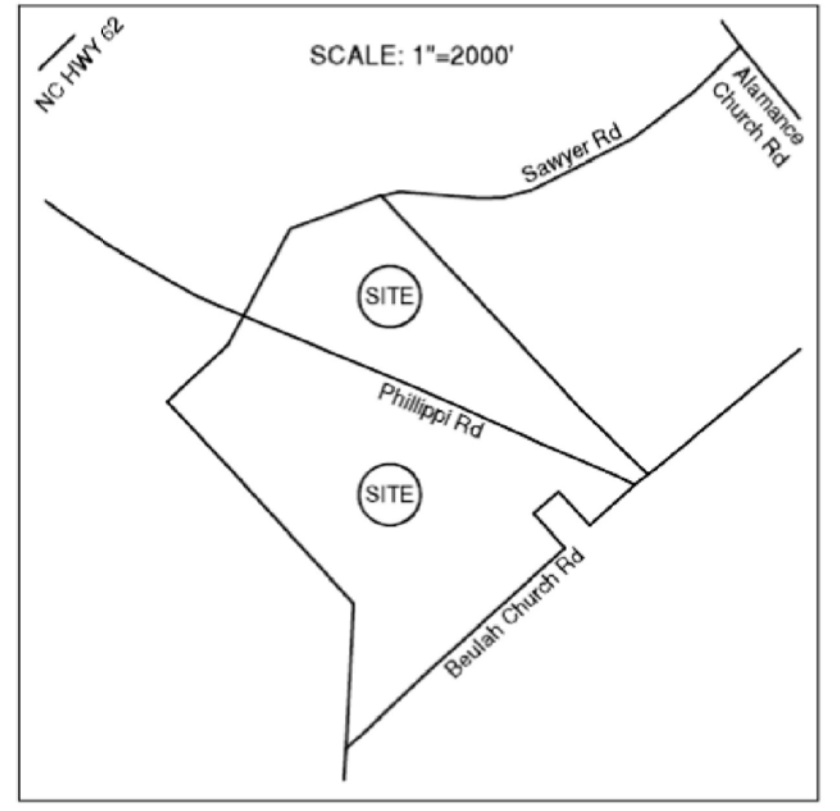
3. The specified system is a state approved “Accepted” system, such as the Infiltrator Chamber System, that provides a 75% reduction in drainfield size
4. The initial drainfield consists of five (5) drainlines, each 3-feet wide and 90, 128, 128, and 128-foot long. Total drainline length is 602 feet.
5. Maximum trench depth for this system shall be **16-inches, on the low side.**
6. Each trench shall be placed on minimum 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 System - Ellington Tract Lot 3, 600 GPD, 0.25 LTAR, Accepted						
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Pink	Extra	90	90	6.00	100.00
2	Green	Initial	133	128	6.75	99.25
3	Purple	Initial	160	128	7.85	98.15
4	Pink	Initial	130	128	8.80	97.20
5	Green	Initial	140	128	9.50	96.50
Benchmark Line 1:					6.00	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 3 Ellington Tract

Vicinity Map



- LEGEND**
- Existing Iron Pipe (EIP)
 - New Iron Pipe (NIP)
 - Property Line
 - - - Adjoiner's Property Line
 - - - Right of Way Line
 - ⊙ Calculated Point (CP)
 - ⊙ PK Nail (Found)
 - ⊙ PK Nail (Set)
 - ⊙ Right of Way Monument
 - ⊙ Rock Corner
 - ⊙ Tree Corner
 - ⊙ Benchmark
 - ⊙ Point of Curvature
 - ⊙ Point of Tangency
 - ⊙ Centerline
 - ⊙ Right of Way
 - ⊙ Easement

SURVEYOR'S CERTIFICATION

I, _____ certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book, Page.); that the boundaries not surveyed are clearly indicated as drawn from information found in Book, Page.; that the ratio of precision as calculated is 1:; that this plat was prepared in accordance with G.S. 47-30 as amended; that the survey is one of the following:

- 1) Of an existing parcel or parcels of land and does not create a new street or change an existing street;
- 2) Of an existing building or other structure, or natural feature, such as a watercourse; or
- 3) A control survey.

Witness my original signature, registration number and seal this _____ day of _____, A.D., 20____.

Professional Land Surveyor L-

Property Information:

Parcel #: 239609

Owners: Curtis Randolph Ellington, Trustee of the Curtis R. Ellington Revocable Trust; CHASS Holdings, LLC; William J. Taylor, Jr and Lynne G. Taylor; Reedy Property Investments, LLC.

Mailing Address: 301 N. Main Street, Suite 501 Greenville, S.C. 29601

Property Address: 6605 Phillippi Road Liberty, N.C. 27298

Deed Reference: D.B. 8858, Pg. 2520

Plat Reference: P.B. 216, Pg. 53

Zoning: AG

Watershed: NPDES

Parcel #: 110271

Owners: Curtis Randolph Ellington, Trustee of the Curtis R. Ellington Revocable Trust; CHASS Holdings, LLC; William J. Taylor, Jr and Lynne G. Taylor; Reedy Property Investments, LLC.

Mailing Address: 301 N. Main Street, Suite 501 Greenville, S.C. 29601

Property Address: 6625 Phillippi Road Liberty, N.C. 27298

Deed Reference: D.B. 8858, Pg. 2520

Plat Reference: P.B. 216, Pg. 53

Zoning: AG

Watershed: NPDES

Robert W. Kelly
and wife
Ellen J. Kelly
D.B. 7559, Pg. 2920

PRELIMINARY PLAT

Not Intended for recordation, conveyance or sales

DEED RESTRICTION - RESTRICTIVE COVENANT

"Development of subject property is required to be in accordance with applicable state and federal regulations for the National Pollutant Discharge Elimination System (NPDES) Phase II stormwater management program. The recording of this document establishes an enforceable restriction on property usage that runs with the land to ensure that future development and/or redevelopment shall maintain the site in a manner consistent with applicable law and the approved project plans. Any alterations to the site shall not be permitted without review and approval by the local governmental office having jurisdiction for watershed/stormwater management protection."

Certificate stating, no approval required by Division of Highways of the North Carolina Department of Transportation:

This plat does not require a certificate of approval by the Division of Highways as provided in N.C.G.S. 136-102.6, subsection (g).

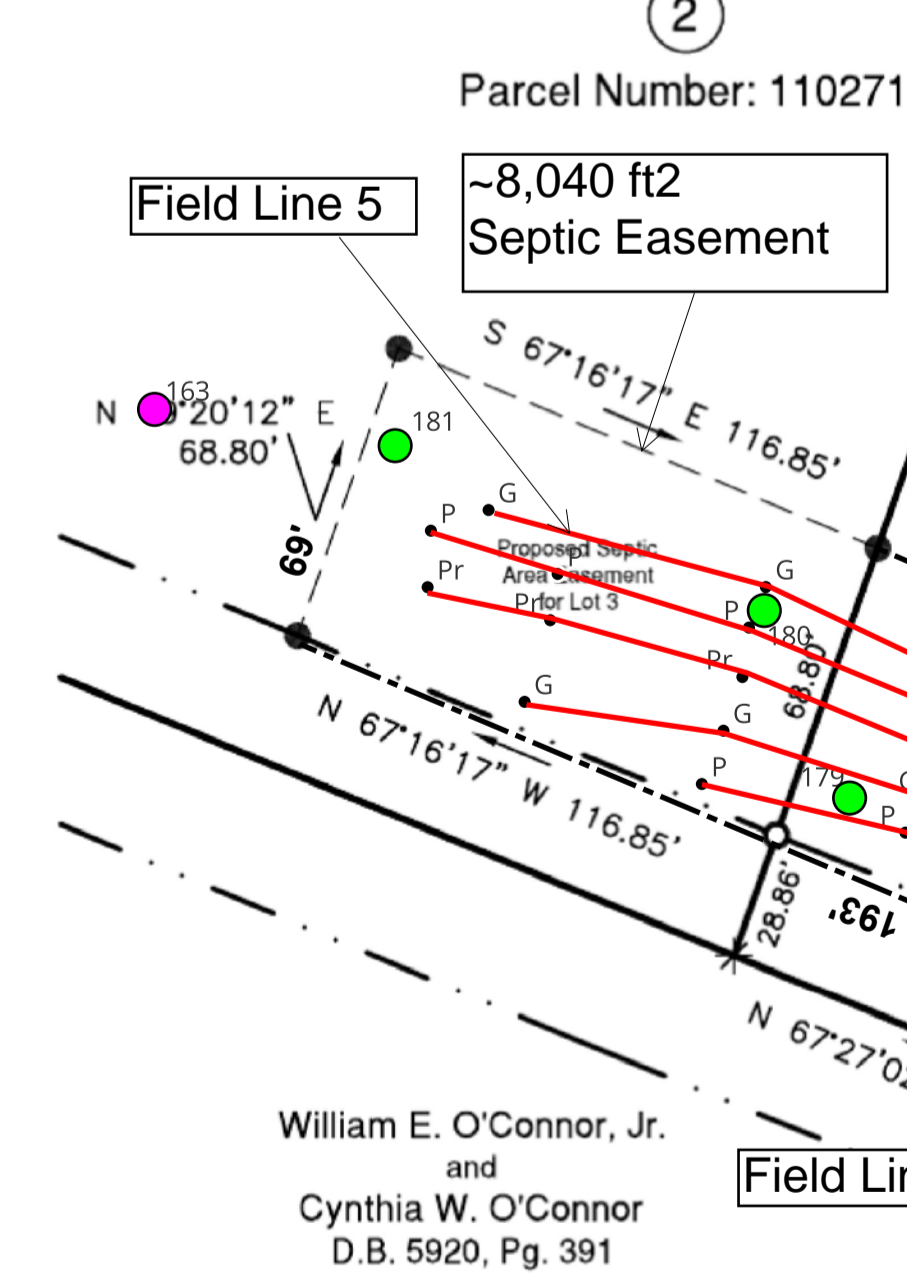
Certificate of Local Jurisdiction Approval for Recordation:

I, _____ as a representative of the Guilford County Planning and Development Department hereby certify that this plat meets the design standards and specifications set forth in the Guilford County Unified Development Ordinance and is approved for recordation this _____ day of _____.

Initial System - Ellington Tract Lot 3, 600 GPD, 0.25 LTAR, Accepted						
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation
1	Pink	Extra	90	90	6.00	100.00
2	Green	Initial	133	128	6.75	99.25
3	Purple	Initial	160	128	7.85	98.15
4	Pink	Initial	130	128	8.80	97.20
5	Green	Initial	140	128	9.50	96.50
Benchmark Line 1:					6.00	100

Review Officer

Date



- Notes:**
- 1) No title search was performed by this firm during the course of this survey.
 - 2) The property shown hereon is subject to all easements of record affecting same.
 - 3) This firm makes no guarantee as to the existence or location of any burial sites, underground improvements, or utilities across this property. Any underground utilities or improvements shown hereon have been located from visible evidence and available information.
 - 4) No internal inspection of this property was made by this firm during the course of this survey.
 - 5) Areas are calculated by coordinate geometry.
 - 6) No geodetic monuments were found within 2000' of the subject property.

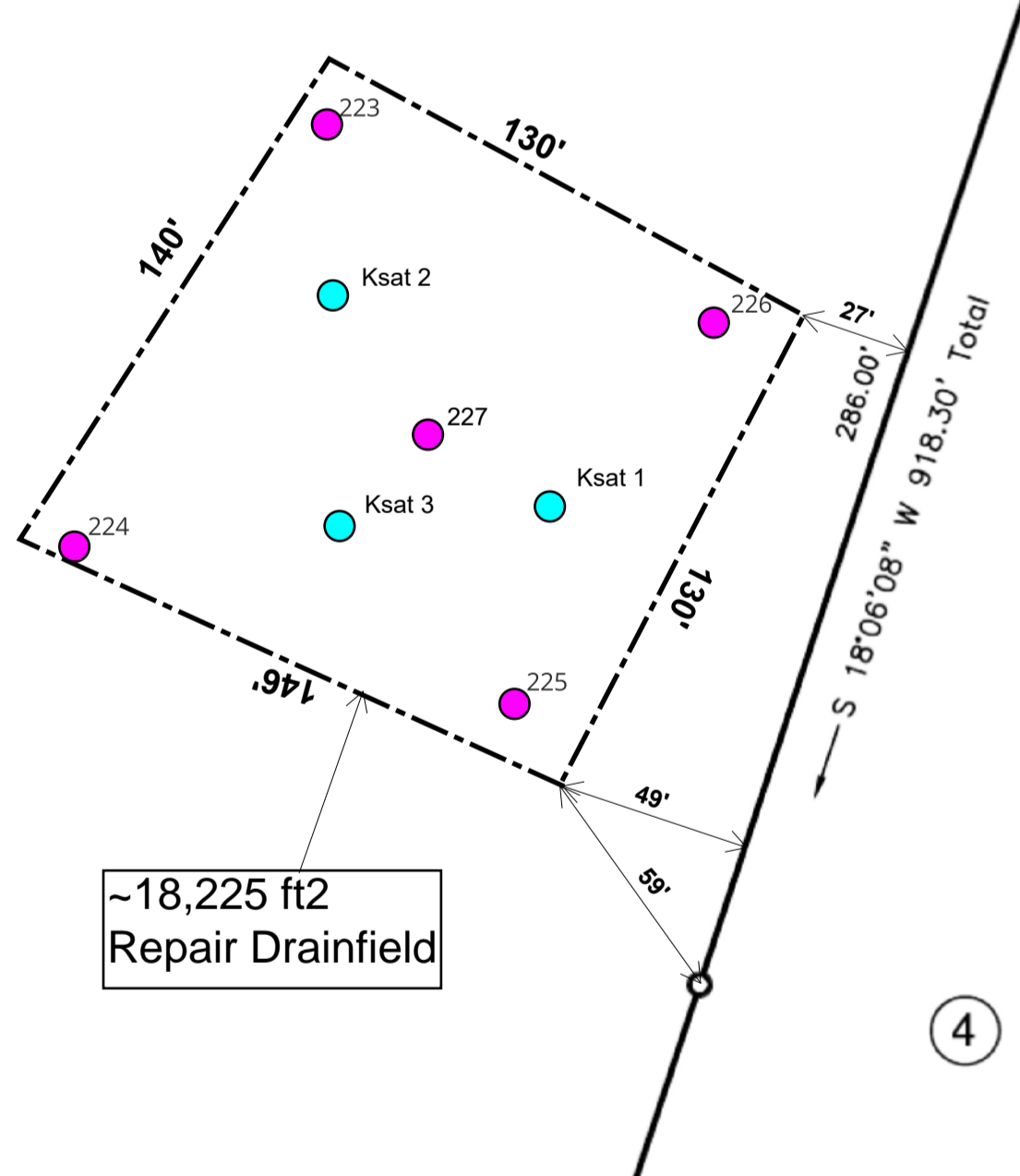
Jonathan H. Baker
and spouse
Hanna M. Baker
D.B. 8765, Pg. 2372
P.B. 213, Pg. 44

A 100-year Floodplain (SFHA) does not exist on Parcel 110271 based on FIRM Map # 3710882000K with effective date November 17, 2017 (Zone X).

Purpose of Plat: Purpose of plat is to show proposed septic area easement for Lot 3 (Existing Parcel 239609) which is on Lot 2 (Existing Parcel 110271).

Parcel Number: 239609

10.37 Acres± Total
(0.52 Acres± within R/W)



Certificate of Ownership and Dedication:

The undersigned hereby acknowledge(s) ownership of the property shown and described hereon and hereby adopts this plat and allotment to be a free act and deed and hereby dedicate(s) to public use streets, playgrounds, parks, drainage way, and open space, and easements forever all area so shown or indicated on said plat, and authorize(s) Guilford County to record this plat in the Office of the Register of Deeds of Guilford County, N.C.

Signed	Date
Signed	Date
Signed	Date
Signed	Date
Signed	Date
Attested	Date
Attested	Date
Attested	Date
Attested	Date

- Conventional Type
- Low-Profile Chamber
- Drip
- Unsuitable

PRELIMINARY PLAT

Not Intended for recordation, conveyance or sales

Final Plat
Survey Septic Area Easement
for Lot 3 of
Subdivision
for Reedy Property Investments
as recorded in P.B. 216, Pg. 53

Greene Township, Guilford County, North Carolina
Randall K. Page L-4566
Firm License Number C-664



GRAPHIC SCALE (IN FEET)

BOSWELL SURVEYORS, INC.
505 East Davis Street
Burlington, NC 27215
336.227.8723 (phone)
336.222.9917 (fax)
boswellsurveyors.com

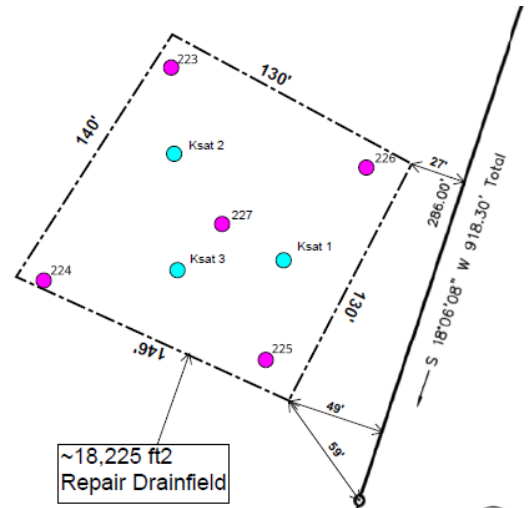
Date: 11/12/2024
Scale: 1" = 60'
Drawn By: RKP
Job No.: 24-175-400

Figure 2. Lot 3 Ellington Tract

for recordation this _____ day of _____, 2017

Initial System - Ellington Tract Lot 3, 600 GPD, 0.25 LTAR, Accepted							
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation	
1	Pink	Extra	90	90	6.00	100.00	
2	Green	Initial	133	128	6.75	99.25	
3	Purple	Initial	160	128	7.85	98.15	
4	Pink	Initial	130	128	8.80	97.20	
5	Green	Initial	140	128	9.50	96.50	
Benchmark Line 1:					6.00	100	

Planning & Dev
 State of North
 County of Guilf
 Guilford County
 which this cert
 requirements f
 Review Officer
 Date



Signed _____
 Signed _____
 Signed _____
 Signed _____
 Signed _____
 Attested _____
 Attested _____
 Attested _____
 Attested _____

- Conventional Type
- Low-Profile Chamber
- Drip
- Unsuitable

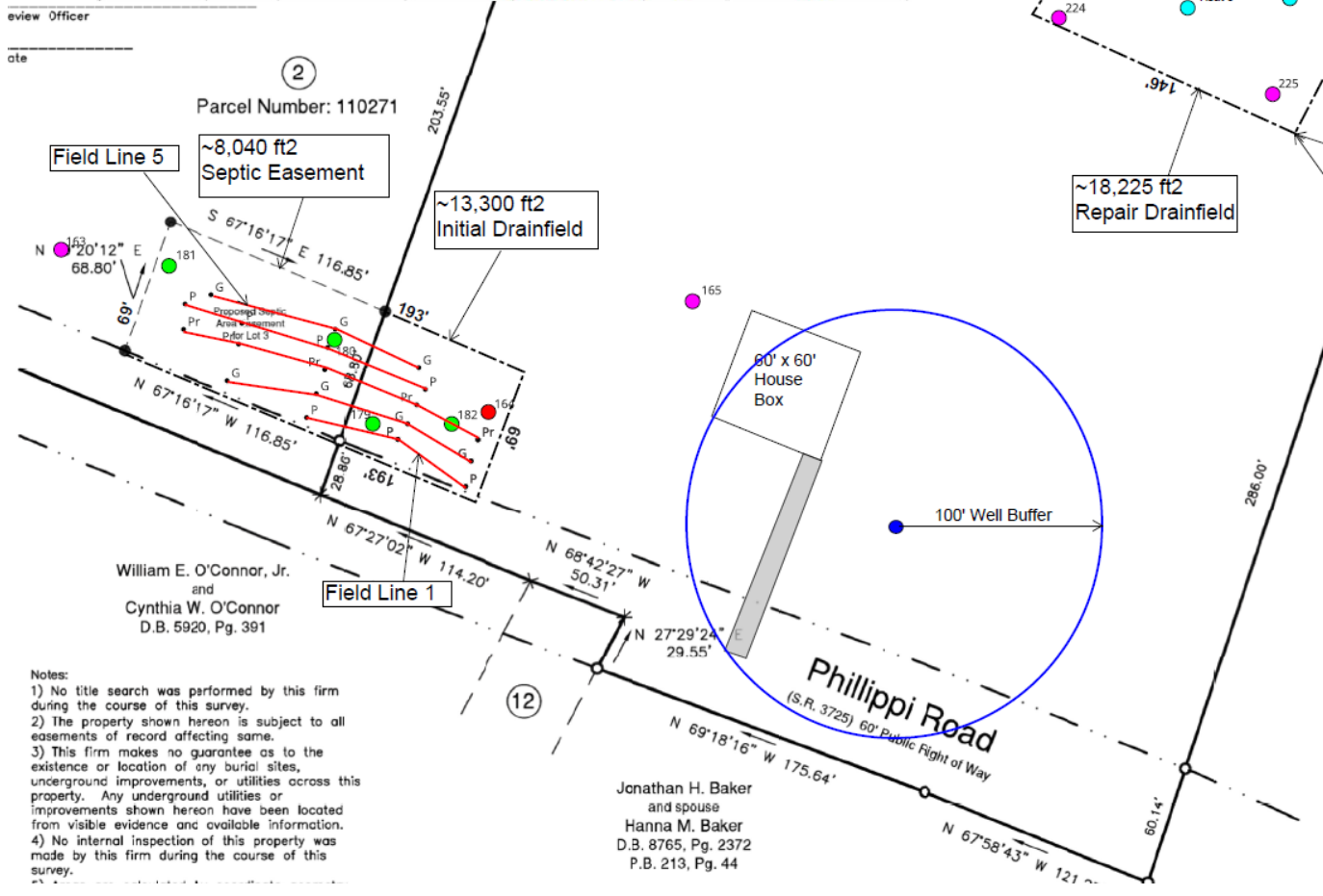
④ .16

PRELIMINARY PL
 Not intended for recordation, conveyance or

Final Plat
Survey Septic Area E
for Lot 3 of
Subdivision
for Reedy Property Inv
as recorded in P.B. 2

Greene Township, Guilford County, N
 Randall K. Page L-4
 Firm License Number C-6

GRAPHIC SCALE 0 60
BOSWELL SURVEYORS, I
 505 East Davis Street



William E. O'Connor, Jr.
 and
 Cynthia W. O'Connor
 D.B. 5920, Pg. 391

Jonathan H. Baker
 and spouse
 Hanna M. Baker
 D.B. 8765, Pg. 2372
 P.B. 213, Pg. 44

- Notes:
- 1) No title search was performed by this firm during the course of this survey.
 - 2) The property shown hereon is subject to all easements of record affecting same.
 - 3) This firm makes no guarantee as to the existence or location of any burial sites, underground improvements, or utilities across this property. Any underground utilities or improvements shown hereon have been located from visible evidence and available information.
 - 4) No internal inspection of this property was made by this firm during the course of this survey.

Soil Evaluation Form

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

Phillipi Rd

Sheet 17 of
 Job: EWINGTON TRACT
 County: GUILFORD
 Date: 6/17/24

Soil Borings

	161	162	163	164	165	166	167	168	169	170
Landscape Position	LS	LS	LS	LS	LS	LS	LS	LS	LS	TS
Slope (%)	8	13	11	12	6	4	7	6	4	2
Horizon 1 Depth	0-6	0-11	0-7	0-9	0-14	0-16	0-8	0-9	0-9	0-7
Texture	SL	SLL	SL	SCL	SL	SCL	SL	SL	SIL	SIL
Consistence	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr	Fr
Structure	Gr	SRL	Gr	SRL	Gr	SRL	Gr	Gr	Gr	Gr
Clay Mineralogy	S	S	N	S	N	S	N	N	N	N
Horizon 2 Depth	6-24	11-22	7-20	9-17	14-17	16	8-18	9-18	8-22	7-21
Texture	SC	SC	SLL	SL	SCL	SC	SCL	SLL	SIL	SIL
Consistence	K	Fi	Fr	Fr	Fr	VF	Fr	Fr	VF	Fi
Structure	SRL	SRL	SRL	M	SRL	ARL	SRL	SRL	ARL	ARL
Clay Mineralogy	S	S	S	N	S	EXP	S	S	S	S
Horizon 3 Depth							18+	18-21	22-37	21-28
Texture							SL	SCL	SIL	SIL
Consistence							VF	Fr	Fi	Fi
Structure							ARL	M	SRL	SRL
Clay Mineralogy							S	N	S	S
Horizon 4 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness	24	19	17		15	16	18	17		26
Restrictive Horizon						EXD6				
Saprolite				9				18		
Other									737	
CLASSIFICATION	IPC	Drip	Drip	U	Drip	Drip	Drip	Drip	S	IS
LTAR (gpd/ft ²)	0.25								0.25	0.25

Comments:

Evaluated by: E. Wood, M. Woods

Soil Evaluation Form

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

Phillipi Rd

Sheet 18 of
 Job: ELLINGTON TRACT
 County: GUILFORD
 Date: 6/17/24

Soil Borings

	171	172	173	174	175	176	177	178	179	180
Landscape Position	TS	LS	LS	LS	LS	LS	LS	LS	LS	LS
Slope (%)	3	4	4	5	4	5	4	3	7	10
Horizon 1 Depth	0-6	0-14	0-11	0-11	0-19	0-21	0-7	0-8	0-16	0-12
Texture	SL	SL	SL	GRSL	SL	GRSL	GRSL	GRSL	GRSL	GRSL
Consistence	Fr	Fr	Fr	Fr	Fr	Fr	VFr	VFr	VFr	VFr
Structure	Gr	Gr	Gr	Gr	Gr	Gr	Gr	Gr	Gr	Gr
Clay Mineralogy	N	N	N	N	N	N	N	N	N	N
Horizon 2 Depth	6-17	14	11	11	19-30	21-28	7-25	8-17	10-22	12-18
Texture	SiC	SCL	GRSL	CL	SCL	SCL	SiC	C	SCL	SCL
Consistence	VFr	AFr	Fr	Fr	Fr	Fr	FF	FF	FR	FR
Structure	ABk	SBL	M	M	SBL	SBL	A-SBK	A-SBK	SBL	SBL
Clay Mineralogy	S	S	N	N	S	S	S	LS	S	N
Horizon 3 Depth	17-30						25+	19-34	22-40	18-46
Texture	SCL						SiC	SCL	SL	SL
Consistence	Fr						Fr	FF	VFr	VFr
Structure	SBL						M	SBL	M	M
Clay Mineralogy	S						N	S	N	N
Horizon 4 Depth	30+							34+		46+
Texture	SCL							CLL		SCL
Consistence	Fr							Fr		Fr
Structure	M							M		SBL
Clay Mineralogy	N							S		N
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness		14				26				46
Restrictive Horizon										
Saprolite	30		11	11			25	34		
Other					236				248	
CLASSIFICATION	S	Arip	V	V	S	IPC	S	S	S-SAP	S-SAP
LTAR (gpd/ft ²)	0.25				0.25	0.25	0.25	0.25	0.3	0.3

Comments:

Evaluated by: M. Wood, E. Wood

Soil Evaluation Form

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

PHILLIPS

Sheet 19 of
 Job: ELLINGTON TRACT
 County: GUILFORD
 Date: 7-2-24

Soil Borings | 10/30/24

	181	182	183	184	185	186	187	188	189	190
Landscape Position	LS/SL	LS	LS	LS	LS	LS	LS	LS	LS	LS
Slope (%)	6	11	12	11	12	6	4	3	4	5
Horizon 1 Depth	0-10	0-9	0-8	0-6	0-7	0-10	0-14	0-18	0-25	0-10
Texture	GR SL	GR SL	GR SL	SL	SL	GR SL	SL	SL	SL	SL
Consistence	VFA	VFA	VFA	VFA	VFA	VFA	VFA	VFA	VFA-FR	VFA
Structure	GR	GR	GR	GR	GR	GR	GR	GR-SBK	GR-SBK	GR
Clay Mineralogy	N	N	N	N	N	N	N	N	N	N
Horizon 2 Depth	10-30+	9-40+	0-17	6-17	7-27+	10-32	14-36+	18-24+	25-33+	10-15
Texture	SCL	SCL	C	SICL	C	SCL	SC	SCL	SCL	SCL
Consistence	FR	FR	FR	FR	FR	FR	FR	FR	FR	FR
Structure	SBK	SBK	A-SBK	SBK	SBK	SBK	SBK	SBK	SBK	SBK
Clay Mineralogy	S	S	S	S	S	S	S	S	S	S
Horizon 3 Depth		40	17-28	17-24+		32-40+				15-27
Texture		AR	SCL	SIC		SL				C
Consistence			FR	VFA		VFA				FR
Structure			SBK	ABK		M				SBK
Clay Mineralogy			S	EXP		N				S
Horizon 4 Depth			28-30'							27-34+
Texture			SL							SCL
Consistence			FR							FR
Structure			SBK							SBK
Clay Mineralogy			N							S
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness	28			22	26			20	31	33
Restrictive Horizon				17						
Saprolite						32-40				
Other		40 AA	> 3B				> 3C			
CLASSIFICATION	S	S	S	DRIP	LPC		S	LPC	S	S
LTAR (gpd/ft ²)	0.30	0.30	0.30		0.275		0.30	0.25	0.275	0.275

Comments:

Evaluated by: M. Wood, E. Wood

Soil Evaluation Form

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

Phillipa Rd

Sheet 23 of
 Job: ELINGTON TRACT
 County: GUILFORD
 Date: 12/6/24

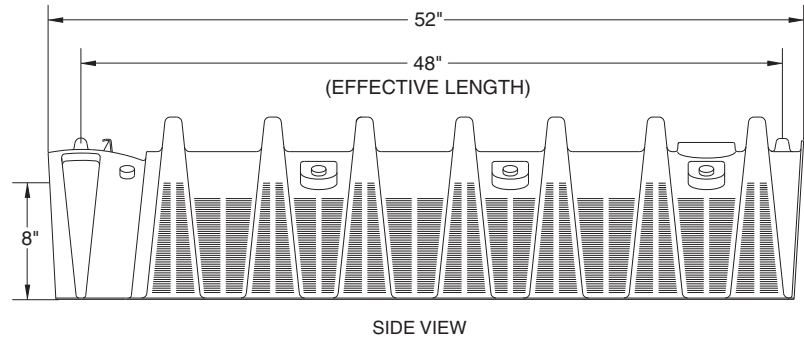
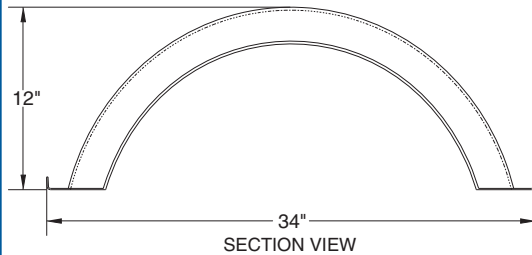
Soil Borings

	221	222	223	224	225	226	227			
Landscape Position	LS	LS	LS	LS	LS	LS	LS			
Slope (%)	1	2	7	9	3	5	4			
Horizon 1 Depth	0-20+	0-8	0-20	0-4	0-15	0-20	0-16			
Texture	SL	SCL	SL	SCL	SCL	SCL	SCL			
Consistence	FI	FI	FI	FI	FI	FI	FI			
Structure	Gr	SBI _h	SBI _h	SBI _h	SBI _h	SBI _h	SBI _h			
Clay Mineralogy	N	S	S	S	S	S	S			
Horizon 2 Depth		3-8	20+	4-10	15+	20+	16+			
Texture		SL	SCL	SL	SC	C	C			
Consistence		FI	FI	FI	VFI	VFI	VFI			
Structure		SBI _h	SBI _h	SBI _h	AB _h	AB _h	AB _h			
Clay Mineralogy		S	S	S	EXP	EXP	EXP			
Horizon 3 Depth				10-18						
Texture				SCL						
Consistence				FI						
Structure				SBI _h						
Clay Mineralogy				S						
Horizon 4 Depth				18+						
Texture				SC						
Consistence				FI						
Structure				SBI _h						
Clay Mineralogy				S						
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness	17	8		18		19	16			
Restrictive Horizon	17	8			EXP 15	EXP 20	EXP 16			
Saprolite			20							
Other										
CLASSIFICATION	Drip	V	Drip	Drip	Drip	Drip	Drip			
LTAR (gpd/ft ²)										

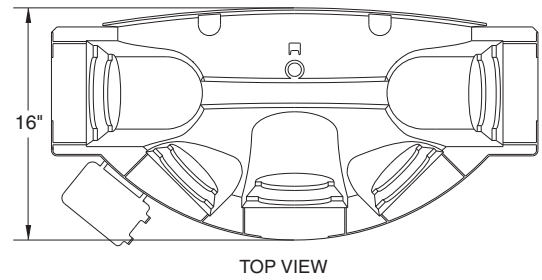
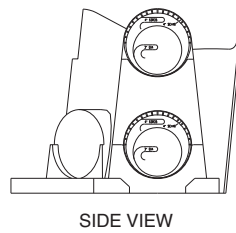
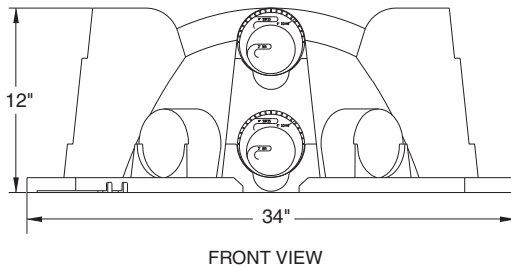
Comments:

Evaluated by: M. Wood, E. Wood

Quick4 Standard Chamber



MultiPort End Cap



Quick4 Standard Chamber Nominal Specifications

Size (W x L x H)	34" x 52" x 12"
Effective Length	48"
Invert Height	8"

MultiPort End Cap Nominal Specifications

Size (W x L x H)	34" x 16" x 12"
Invert Height	8" or 1.25"

INFILTRATOR SYSTEMS, INC. STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, end plate, wedge and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty.

Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

INFILTRATOR®

SYSTEMS INC

Environmental Onsite Wastewater SolutionsSM

6 Business Park Road • P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • FAX 860-577-7001

800-221-4436



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 License#: 2081754 MICHWO0-01	CONTACT NAME: David Vaughan Jr PHONE (A/C. No. Ext): 9187797884 E-MAIL ADDRESS: dlvrj@higginbotham.net	FAX (A/C. No.): 817-882-9284	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Wood Soil Consulting, PLLC 620 Lee Fox Lane Hillsborough NC 27278	INSURER A: Mid-Continent Casualty Company		23418
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 FOR INFORMATIONAL PURPOSES ONLY INFO ONLY	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 

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HYDRAULIC CONDUCTIVITY EVALUATION

Lot 3 Ellington Tract
6625 Phillippi Road
Liberty, NC 27302

Prepared For:

William Taylor
Reedy Creek Investments
301 N Main Street, Suite 201
Greenville, SC 29601

Prepared By:



620 Lee Fox Lane
Hillsborough, NC 27278
919-417-8027
michael@woodsoilconsultants.com

December 11, 2024

Michael G. Wood, LSS



INTRODUCTION & SITE DESCRIPTION

Wood Soil Consultants, PLLC (WSC) performed a Hydraulic Conductivity (K_{SAT}) Evaluation on a proposed 5-bedroom single-family residence at 6625 Phillippi Road, Liberty, NC (Guilford County PIN: 8820-82-3569). The evaluation was performed in support of a SL 2022-11 IP/CA Proposal. The field survey was conducted on December 6, 2024.

INVESTIGATION METHODOLOGY

The infiltration rate of soil can be determined by measuring the saturated hydraulic conductivity (K_{SAT}). K_{SAT} measurements were performed with a compact constant-head permeameter (Amoozometer). Tests were conducted in accordance with the “Recommended Guidance for In-situ Measurements of Saturated Hydraulic Conductivity by the Constant Head Well Permeameter Method and for Reporting Results, August 19, 2014.” K_{SAT} test values were generated using the published calculations and formulas found in the corresponding User’s Manual. The Glover solution was chosen as the most appropriate method for calculating K_{SAT} . The Glover solution is recommended when the distance between the bottom of the auger hole and any impermeable layer(s) is greater than 2 times the head (H), or constant water level in the hole.

The Glover solution is given by: $K_{SAT} = AQ$

Where:

$$A = \{ \sinh^{-1}(H/r) - [(r/H)^2 + 1]^{1/2} + r/H \} / (2\pi H^2)$$

And:

Q is the steady-state rate of water flow from the Amoozometer into the auger hole.

To solve for A:

H is the head in the hole (i.e. total water depth) and r is the radius of the hole. Values for H and r can be found on the attached K_{SAT} data sheets.

FINDINGS

Hydraulic Conductivity Measurements

Pretreated subsurface drip systems require in-situ K_{SAT} tests be performed to substantiate the LTAR. A total of three K_{SAT} measurements were performed within the usable soil area (Figure 1). Tests were conducted in the soil horizon that is deemed the “treatment zone” and test depths are listed in Table 1. Each hole was saturated for a minimum 30-minutes prior to recording results. The geometric mean for the measured K_{SAT} results is shown in Table 1.

Table 1: Hydraulic conductivity tests results

Test #	Depth of test (in)	Measured K_{SAT} (GPD/sq-ft)
K1	12	2.300
K2	12	1.405
K3	12	1.265
Geometric Mean		2.053

Design LTAR and Septic System Layout

The value of the K_{SAT} must be modified by an appropriate design factor to determine the LTAR. This factor reflects the influence of several parameters including variation of permeability within the soil, slope, and level of pretreatment. Considering the above factors, a design LTAR of 0.10 GPD/sq-ft, representing 4.9% of the geometric mean of the measured K_{SAT} tests within the “treatment zone”, is proposed for the repair systems. As such, a 600 GPD system would require at minimum 6,000 sq-ft of useable soil, which equates to 3,000-ft of subsurface drip tubing for both the initial and the repair system. Maximum bottom of trench depth is 7” for this system.

System Treatment

Effluent treatment levels will have to meet TS-II standards.

CONCLUSIONS

The findings presented herein represent WSC’s professional opinion based on our Hydraulic Conductivity Evaluation and knowledge of the current laws and rules governing on-site wastewater systems in North Carolina. Based on in-situ K_{SAT} tests, a LTAR of 0.10 GPD/sq-ft is proposed for the repair systems. A five-bedroom home (600 GPD) system will require 3,000 linear feet of subsurface drip drainline for the repair system. The systems will require TS-II treatment standards and a 7” maximum trench install depth.

Soils naturally change across a landscape and contain many inclusions. As such, attempts to quantify them are not always precise and exact.

Figure 2. Lot 3 Ellington Tract

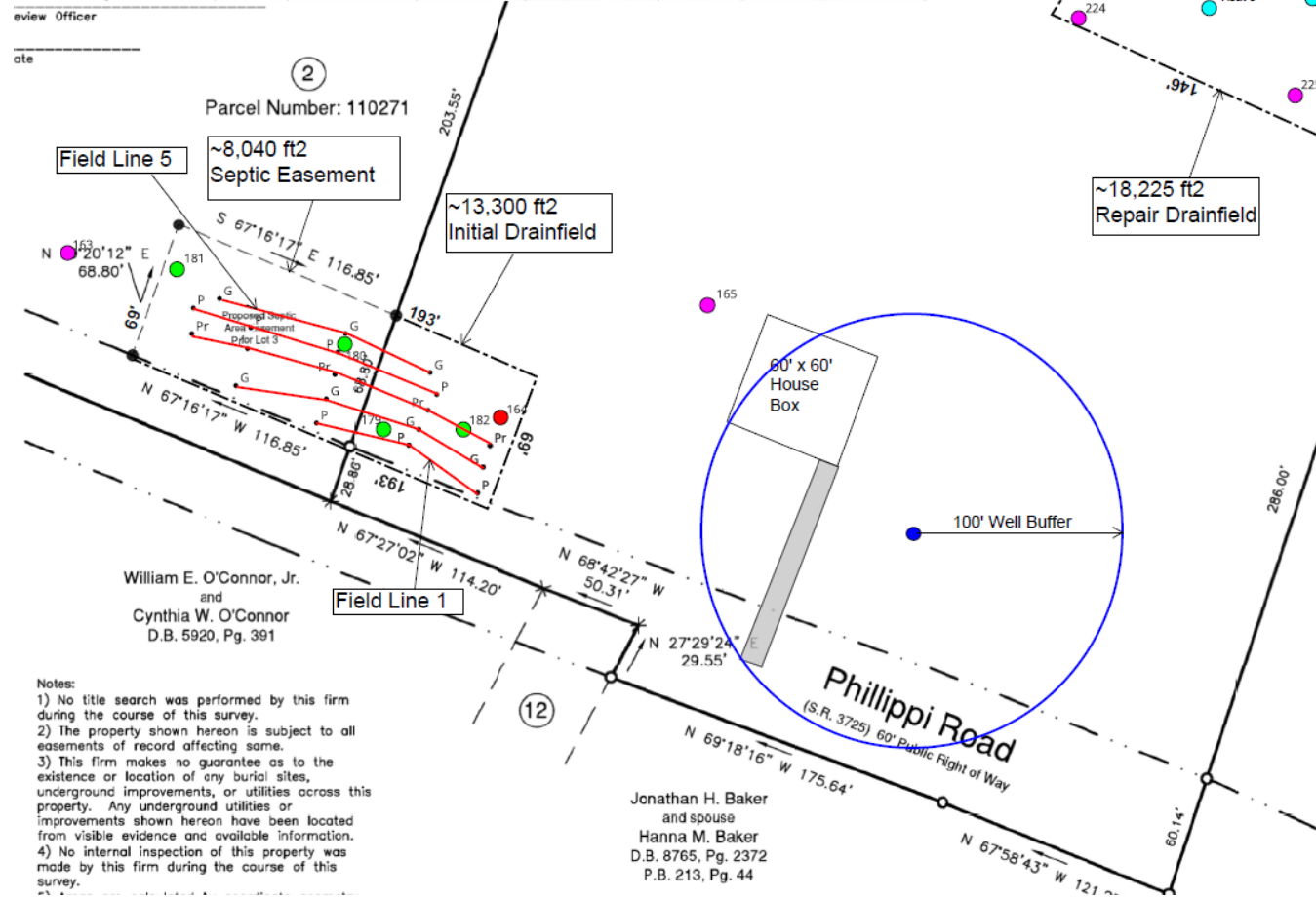
for recordation this _____ day of _____, 20____

Planning & Development Department
State of North Carolina
Guilford County
Guilford County which this certifies requirements for

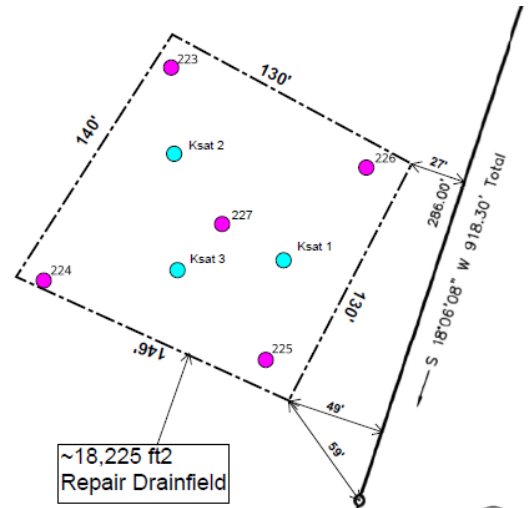
Survey Officer

Date

Initial System - Ellington Tract Lot 3, 600 GPD, 0.25 LTAR, Accepted							
Field Line #	Color	Initial/Repair	Field Length	System Length	Setup #1	Relative Elevation	
1	Pink	Extra	90	90	6.00	100.00	
2	Green	Initial	133	128	6.75	99.25	
3	Purple	Initial	160	128	7.85	98.15	
4	Pink	Initial	130	128	8.80	97.20	
5	Green	Initial	140	128	9.50	96.50	
Benchmark Line 1:					6.00	100	



- Notes:
- 1) No title search was performed by this firm during the course of this survey.
 - 2) The property shown hereon is subject to all easements of record affecting same.
 - 3) This firm makes no guarantee as to the existence or location of any burial sites, underground improvements, or utilities across this property. Any underground utilities or improvements shown hereon have been located from visible evidence and available information.
 - 4) No internal inspection of this property was made by this firm during the course of this survey.



Signed _____

Signed _____

Signed _____

Signed _____

Signed _____

Attested _____

Attested _____

Attested _____

Attested _____

- Conventional Type
- Low-Profile Chamber
- Drip
- Unsuitable

4 .16

PRELIMINARY PL
Not intended for recordation, conveyance or

Final Plat
Survey Septic Area E
for Lot 3 of
Subdivision
for Reedy Property Inv
as recorded in P.B. 2

Greene Township, Guilford County, N
Randall K. Page L-4
Firm License Number C-6

GRAPHIC SCALE 0 60

BOSWELL SURVEYORS, I
505 East Davis Street

Soil Evaluation Form

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

Phillipa Rd

Sheet 23 of
 Job: ELINGTON TRACT
 County: GUILFORD
 Date: 12/6/24

Soil Borings

	221	222	223	224	225	226	227			
Landscape Position	LS	LS	LS	LS	LS	LS	LS			
Slope (%)	1	2	7	9	3	5	4			
Horizon 1 Depth	0-20+	0-8	0-20	0-4	0-15	0-20	0-16			
Texture	SL	SCL	SL	SCL	SCL	SCL	SCL			
Consistence	FI	FI	FI	FI	FI	FI	FI			
Structure	Gr	SBI _h	SBI _h	SBI _h	SBI _h	SBI _h	SBI _h			
Clay Mineralogy	N	S	S	S	S	S	S			
Horizon 2 Depth		3-8	20+	4-10	15+	20+	16+			
Texture		SL	SCL	SL	SC	C	C			
Consistence		FI	FI	FI	VFI	VFI	VFI			
Structure		SBI _h	SBI _h	SBI _h	AB _h	AB _h	AB _h			
Clay Mineralogy		S	S	S	EXP	EXP	EXP			
Horizon 3 Depth				10-18						
Texture				SCL						
Consistence				FI						
Structure				SBI _h						
Clay Mineralogy				S						
Horizon 4 Depth				18+						
Texture				SC						
Consistence				FI						
Structure				SBI _h						
Clay Mineralogy				S						
Horizon 5 Depth										
Texture										
Consistence										
Structure										
Clay Mineralogy										
Soil Wetness	17	8		18		19	16			
Restrictive Horizon	17	8			EXP 15	EXP 20	EXP 16			
Saprolite			20							
Other										
CLASSIFICATION	Drip	V	Drip	Drip	Drip	Drip	Drip			
LTAR (gpd/ft ²)										

Comments:

Evaluated by: M. Wood, E. Wood

SATURATED HYDRAULIC CONDUCTIVITY STUDY
Phillipi Rd Lot 3

Date: 12/6/2024 Weather Condition: Sunny
 Location: KSAT 1 Temperature (F): 50F
 Number: 1
 Horizon: 0
 Depth(inches): 12.0

SET UP		cm	in
Target Water Level:		15.2	6.0
Beginning Water Level:		15.2	6.0
Ending Water Level:		15.2	6.0

Hole Depth: 30.5 cm 12.0 in
 Reference: + 10.2 cm 4.0 in
 Head: - 15.2 cm 6.0 in
 CHT Tube(s) setting: = 25.4 cm 10.0 in

Valve Setting: 1-ON 2-ON

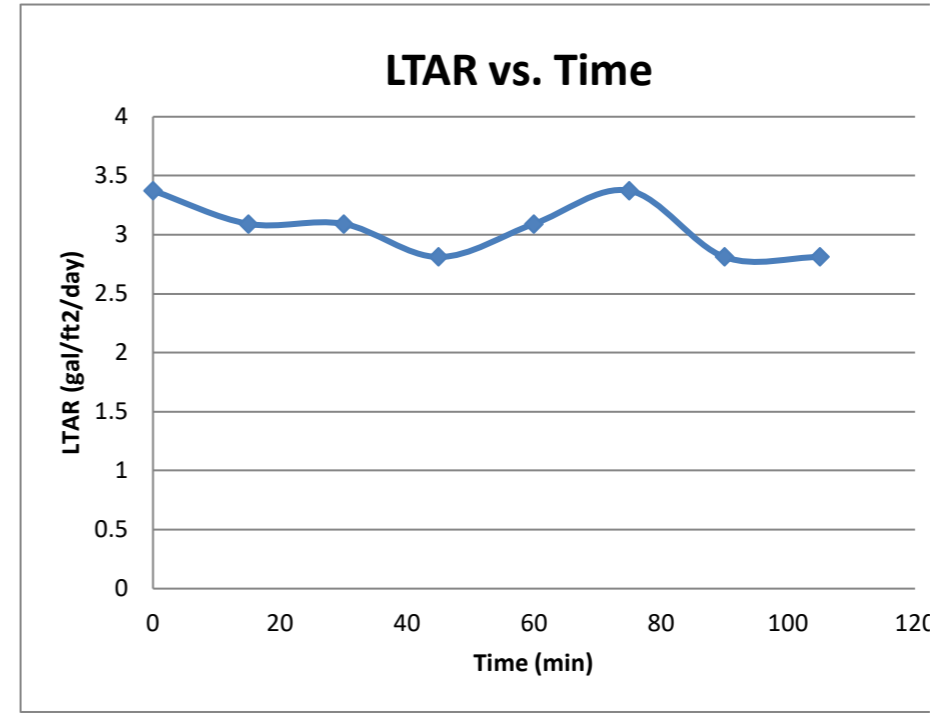
Hole diameter (d): 5.0 cm
 Hole radius (r): 2.5 cm
 coefficient A: 0.001136

NOTE: Readings based on Ending Water Level

Conversion Factor (C.F.): 105.0

Water Reading	Change in Water Level	Chamber C.F.	Clock Time (min)	Elapsed Time (min)	Flow Volume (cm3)	Q (cm3/hr)	K (cm/hr)	K (in/hr)	K (gal/ft2/day)
35.2	0.0	105.0	0.0						
34	1.2	105.0	15.0	15.00	126.000	504.0	0.5727	0.2255	3.373
32.9	1.1	105.0	30.0	15.00	115.500	462.0	0.5249	0.2067	3.092
31.8	1.1	105.0	45.0	15.00	115.500	462.0	0.5249	0.2067	3.092
30.8	1.0	105.0	60.0	15.00	105.000	420.0	0.4772	0.1879	2.811
29.7	1.1	105.0	75.0	15.00	115.500	462.0	0.5249	0.2067	3.092
28.5	1.2	105.0	90.0	15.00	126.000	504.0	0.5727	0.2255	3.373
27.5	1.0	105.0	105.0	15.00	105.000	420.0	0.4772	0.1879	2.811
26.5	1.0	105.0	120.0	15.00	105.000	420.0	0.4772	0.1879	2.811
Final Ksat						0.509	0.200	2.998	

*Note: 10L of water run through meter before taking readings.



SATURATED HYDRAULIC CONDUCTIVITY STUDY
Phillipi Rd Lot 3

Date: 12/6/2024 Weather Condition: Sunny
 Location: KSAT 2 Temperature (F): 50F
 Number: 2
 Horizon: 0
 Depth(inches): 12.0

SET UP		cm	in
Target Water Level:		15.2	6.0
Beginning Water Level:		15.2	6.0
Ending Water Level:		15.2	6.0

Hole Depth: 30.5 cm 12.0 in
 Reference: + 10.2 cm 4.0 in
 Head: - 15.2 cm 6.0 in
 CHT Tube(s) setting: = 25.4 cm 10.0 in

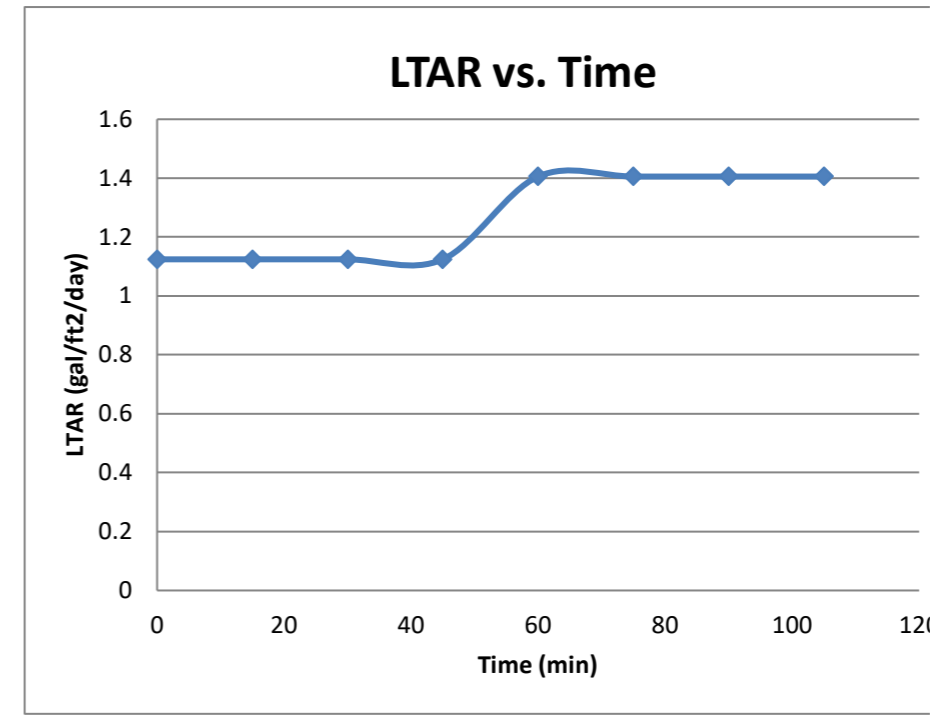
Valve Setting: 1-ON 2-ON

Hole diameter (d): 5.0 cm
 Hole radius (r): 2.5 cm
 coefficient A: 0.001136

NOTE: Readings based on Ending Water Level

Conversion Factor (C.F.): 105.0

Water Reading	Change in Water Level	Chamber C.F.	Clock Time (min)	Elapsed Time (min)	Flow Volume (cm3)	Q (cm3/hr)	K (cm/hr)	K (in/hr)	K (gal/ft2/day)
35.4	0.0	105.0	0.0						
35	0.4	105.0	15.0	15.00	42.000	168.0	0.1909	0.0752	1.124
34.6	0.4	105.0	30.0	15.00	42.000	168.0	0.1909	0.0752	1.124
34.2	0.4	105.0	45.0	15.00	42.000	168.0	0.1909	0.0752	1.124
33.8	0.4	105.0	60.0	15.00	42.000	168.0	0.1909	0.0752	1.124
33.3	0.5	105.0	75.0	15.00	52.500	210.0	0.2386	0.0939	1.405
32.8	0.5	105.0	90.0	15.00	52.500	210.0	0.2386	0.0939	1.405
32.3	0.5	105.0	105.0	15.00	52.500	210.0	0.2386	0.0939	1.405
31.8	0.5	105.0	120.0	15.00	52.500	210.0	0.2386	0.0939	1.405
Final Ksat						0.239	0.094	1.405	



SATURATED HYDRAULIC CONDUCTIVITY STUDY
Phillipi Rd Lot 3

Date: 12/6/2024 Weather Condition: Sunny
 Location: KSAT 3 Temperature (F): 50F
 Number: 3
 Horizon: 0
 Depth(inches): 12.0

SET UP		cm	in
Target Water Level:		15.2	6.0
Beginning Water Level:		15.2	6.0
Ending Water Level:		15.2	6.0

Hole Depth: 30.5 cm 12.0 in
 Reference: + 10.2 cm 4.0 in
 Head: - 15.2 cm 6.0 in
 CHT Tube(s) setting: = 25.4 cm 10.0 in

Valve Setting: 1-ON 2-ON

Hole diameter (d): 5.0 cm
 Hole radius (r): 2.5 cm
 coefficient A: 0.001136

NOTE: Readings based on Ending Water Level

Conversion Factor (C.F.): 105.0

Water Reading	Change in Water Level	Chamber C.F.	Clock Time (min)	Elapsed Time (min)	Flow Volume (cm3)	Q (cm3/hr)	K (cm/hr)	K (in/hr)	K (gal/ft2/day)
38.9	0.0	105.0	0.0						
38.5	0.4	105.0	10.0	10.00	42.000	252.0	0.2863	0.1127	1.687
38.1	0.4	105.0	20.0	10.00	42.000	252.0	0.2863	0.1127	1.687
37.8	0.3	105.0	30.0	10.00	31.500	189.0	0.2147	0.0845	1.265
37.4	0.4	105.0	40.0	10.00	42.000	252.0	0.2863	0.1127	1.687
37	0.4	105.0	50.0	10.00	42.000	252.0	0.2863	0.1127	1.687
36.7	0.3	105.0	60.0	10.00	31.500	189.0	0.2147	0.0845	1.265
36.4	0.3	105.0	70.0	10.00	31.500	189.0	0.2147	0.0845	1.265
36.1	0.3	105.0	80.0	10.00	31.500	189.0	0.2147	0.0845	1.265
Final Ksat						0.215	0.085	1.265	

