LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

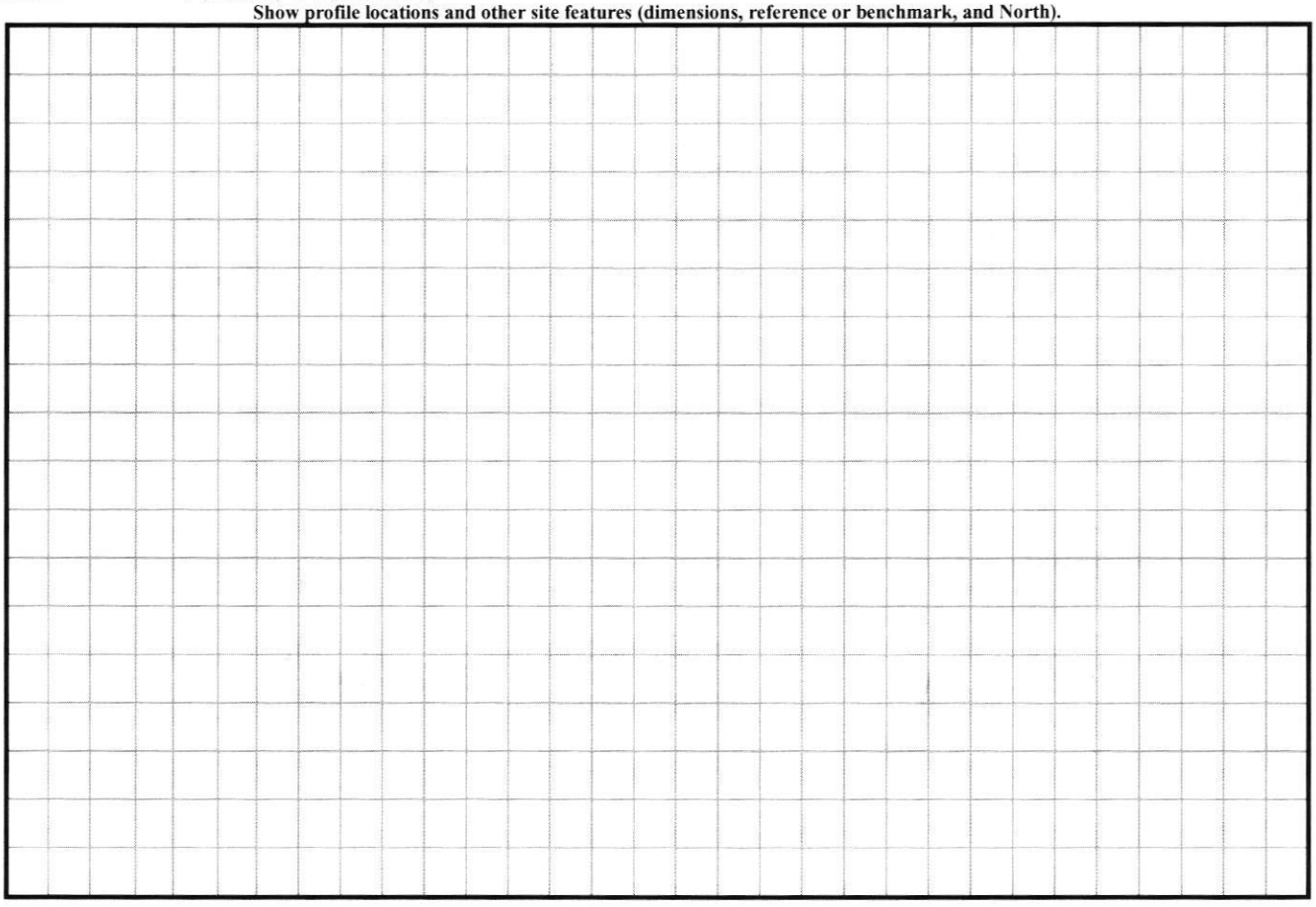
RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable) or U (Unsuitable)

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Garret Abplanalp DATE EVALUATED: _____
ADDRESS: 1219 Red Cedar Ct.
PROPOSED FACILITY: Single family PROPOSED DESIGN FLOW (.0400): 400 PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: Public (Single Family Well) Shared Well Spring Other _____ WATER SUPPLY SETBACK: _____
EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Domestic High Strength IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 3%	0-40	Red clay - SBK	Fi-SP-SE					.3 TU	2"
2	L 4%	0-40	Red clay - SBK	Fi-SP-SE					.3 TU	2"
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	✓	✓
System Type(s)	Accepted	I + J
Site LTAR	.3	.3
Maximum Trench Depth	26"	26"

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: MB & ALW
OTHER(S) PRESENT: _____

Comments: _____

Granville-Vance Dist. Health Department
Environmental Health

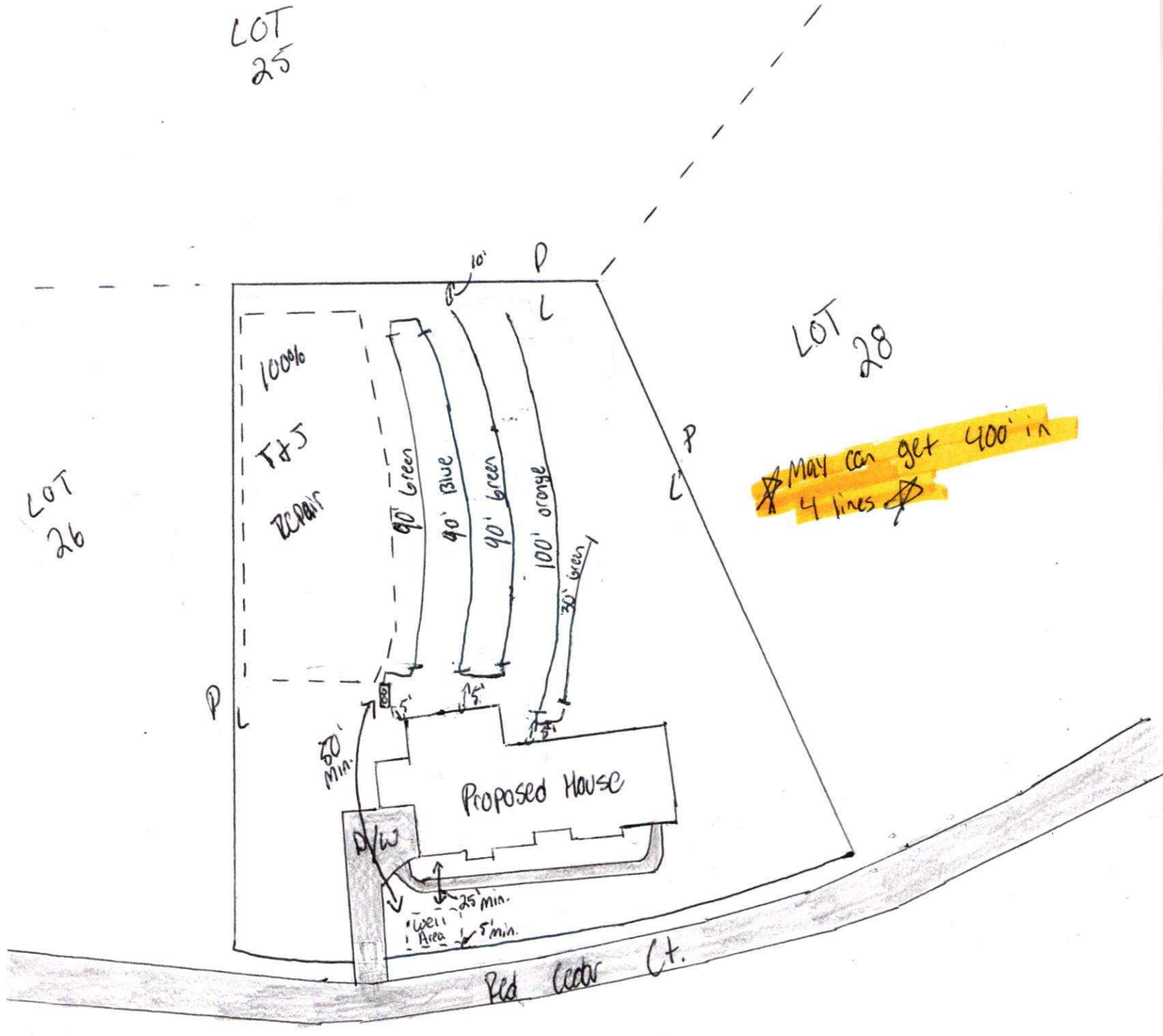
Pin _____ Permit Number 4161767

✓ Improvement Permit ✓ Construction Authorization

SITE SKETCH

Garret Appl — Applicants Name
1219 Red Cedar Ct. — Address
Cedar Knolls 27 — Subdivision – Section – Lot
Area Wide Reels — Authorized State Agent
10-22-25 — Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.



GRANVILLE VANCE
public health

Well Construction Permit

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 461767

PIN Number: _____

Tax Lot #: _____ Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 10/22/2030

GRANVILLE VANCE public health

Well Construction Permit

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 461767

PIN Number:

Tax Lot #: Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 10/22/2030

Property Owner:	GARRETT ABPLANALP/ OAK AND STONE CI
Address:	1004 BUTTAR LANE
City:	RALEIGH
State/Zip:	NC / 27614
Phone #:	H: (919) 986-9135

Applicant:	GARRETT ABPLANALP/ OAK AND STONE CI
Address:	1004 BUTTAR LANE
City:	RALEIGH
State/Zip:	NC / 27614
Phone #:	H: (919) 986-9135

Property Location & Site Information

Address/Road #: Subdivision: Phase: Lot:

1219 RED CEDAR COURT
YOUNGSVILLE NC, 27596

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: GPS
LOT 27 ON LEFT 3RD HOUSE

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Keep proposed well 25ft min. from house and 50ft min. from any part of the septic. Keep well 5ft min. from front property line.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Wilkerson, Austin

*Date of Issue: 10/22/2025

Authorized State Agent:

Owner/Applicant:

◉ Hand Drawing ○ Import Drawing

****Site Plan/Drawing attached.****

GRANVILLE VANCE public health

Construction Authorization

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 461767 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/22/2025

☐ Open Pump System Sheet

Applicant:	GARRET ABPLANALP
Address:	1004 BUTTAR LANE
City:	RALEIGH
State/Zip:	NC 27614
Phone #:	home: (919) 986-9135

Property Owner:	OAK AND STONE CUSTOM HOMES
Address:	1004 BUTTAR LANE
City:	RALEIGH
State/Zip:	NC. 27614
Phone #:	home: (919) 986-9135

Property Location & Site Information

Address/Road #: 1219 RED CEDAR COURT YOUNGSVILLE, NC 27596
Subdivision:
Phase: NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
*Water Supply: NEW WELL

Directions:

GPS
LOT 27 ON LEFT 3RD HOUSE

System Specifications

Usuable Soil Depth: 38
Design Flow: 480
Soil Application Rate: 0.3000

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 26 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches

*Distribution Type: GRAVITY - SERIAL

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 4
Total Trench Length: 400 ft.
Trench Spacing: 9 - ( ) Inches ( ) Inches O.C. (X) Feet O.C.
Trench Width: 3 - ( ) Feet (X) Feet
Aggregate Depth: inches

Septic Tank: 1,000 Gallons
Pump Required: ( ) Yes (X) No ( ) May Be Required
Pump Tank: Gallons
Grease Trap: Gallons
Septic Tank Installer Grade Level Required: ( ) I ( ) II ( ) III ( ) IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions:**

Keep all parts of the septic 5ft min. from house and 10ft min. from any part of the property line. Also 50ft from any wells or well locations.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid , and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Wilkerson, Austin Date of Issue: 10/22/2025

****Site Plan/Drawing attached.****

(X) Hand Drawing ( ) Import Drawing

Total Time : (HH:MM)

CDP File Number: 461767 County ID Number:

The Department and Local Health Department may impose conditions on the issurance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation it the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301((a).

Authorized State Agent: Wilkerson, Austin Date of Issue: 10/22/2025

Total TIme: (HH:MM)

Hand Drawing ○ Import Drawing ****Site Plan/Drawing attached.****

GRANVILLE VANCE public health

IMPROVEMENT PERMIT

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 461767 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: Valid w/o expiration

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant:	GARRET ABPLANALP
Address:	1004 BUTTAR LANE
City:	RALEIGH
State/Zip:	NC 27614
Phone #:	home: (919) 986-9135

Property Owner:	OAK AND STONE CUSTOM HOMES
Address:	1004 BUTTAR LANE
City:	RALEIGH
State/Zip:	NC. 27614
Phone #:	home: (919) 986-9135

Property Location & Site Information

Address: 1219 RED CEDAR COURT
YOUNGSVILLE, NC 27596
Subdivision:
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
*Water Supply: NEW WELL

Directions

GPS
LOT 27 ON LEFT 3RD HOUSE

System Specifications

Initial System

Usable Soil Depth: 38
Design Flow: 480
Soil Application Rate: 0.3000

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 26 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

Usable Soil Depth: 38
Soil Application Rate: 0.300

*System Classification/Description:
Type IIIe - PPBPS Gravity System

*Proposed System: HORIZONTAL PPBPS

Minimum Trench Depth: 18 Inches
Maximum Trench: Depth: 26 Inches

Pump Required: (X) Yes ◯ No ◯ May Be Required
Pump Tank: 1000 Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Site Modifications**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions**

Keep all parts of the septic 5ft min. from house and 10ft min. from any part of the property line. Also 50ft from any wells or well locations.