



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: Union

PIN/Lot Identifier: APN: 02-230-008

Issued To: Jonathan Newth, Newth Properties LLC

Property Location: E. Lawyers Road

Subdivision (if applicable) Lot #: Block: Section:

LSS Report Provided: Yes [X] No []

If yes, name and license number of LSS: Gary Kreiser #1276

New [X] Expansion [] System Relocation [] Change of Use []

Facility Type: residence

Number of bedrooms: 4 Number of Occupants: max 8 Other:

Design Wastewater Strength: [X] Domestic [] High Strength [] Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.45 Proposed LTAR (Repair): 0.45

Proposed Wastewater System Type*: IIB (Initial) Pump Required: [] Yes [] No [X] May be required

Proposed Wastewater System Type*: IIB (Repair) Pump Required: [] Yes [] No [X] 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): [] Yes [X] 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)*: 33 Usable Depth to LC (Repair)*: 33 * Limiting Condition

Max. Trench Depth (Initial)*: 18 Max. Trench Depth (Repair)*: 18 * 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 [] No [] Drainfield location meets requirements of Rule .0601: Yes [] 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: Gary Kreiser

Licensed Soil Scientist Signature: Gary Kreiser Date: 1/29/25

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

See attached site sketch

empire 2/19/25

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
 DATE OF EVALUATION: 8/31/24
 COUNTY: UNION

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRE CTION		
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0506 SOIL DEPTH	.0507 SAPRO CLASS	.0508 RESTR HORIZ				
10	L 5-10%	0-15	SBK/SiCL	FR/SS/SP/SEXP	2.5YR 6/4 ROCK FRAGMENTS	UN	-	-	UN			
		15-AR	AUGER REFUSAL									
11	L 3-5%	0-10	SBK/SiCL	FR/SS/SP/SEXP	7.5YR 5/6	S	-	-	S 0.3	1.1-1.8		
		10-30	SBK/SiC	FI/SS/SP/SEXP	2.5YR 4/6							
		30+	M/SiC	FI/SS/SP/SEXP								
12	L 5-10%	0-15	SBK/SiCL	FR/SS/SP/SEXP	7.5YR 5/6	S	UN	-	S 0.45	1.8-3.6		
		15-33	SBK/SiCL	FR/SS/SP/SEXP	2.5YR 4/6							
		33+	M/SiCL	FR/SS/SP/SEXP								
13	L 5-10%	0-18	SBK/SiCL	FR/SS/SP/SEXP	2.5YR 4/6	S	UN	-	UN - CONVENTIO NAL	-		
		18-AR	AUGER REFUSAL		ROCK FRAGMENTS							
14 15	L 5%	0-18	SBK/SiCL	FR/SS/SP/SEXP	2.5YR 4/6	S	UN	-	UN- CONVENTI ONAL	-		
		18-30+	M/SiCL	FR/SS/SP/SEXP	7.5YR 5/6							
		0-12	SBK/SiCL	FR/SS/SP/SEXP						UN	UN	-
12-AR	AUGER REFUSAL		ROCK FRAGMENTS									

COMMENTS: _____

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: Yaluyt Borner HRT Date: 2/18/2025

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: 2/18/2030

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: _____



N3 HAB
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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

Please check one of the following:

- New Construction Expansion System Relocation Change of Use Repair
 5 Year Expiration Requested (site plan provided)
 Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a))

Property Owner Name: Newth Properties LLC
Property Owner Mailing Address: 26106 132nd St SE Monroe WA 98272 United States
Property Owner Phone Number: 818 939-3912
Property Owner Email Address: jon@newthproperties.com

Applicant Name: Jonathan Newth
Applicant Mailing Address: 26106 132nd St SE Monroe WA 98272 United States
Applicant Phone Number: 818 939-3912
Applicant Email Address: thejonn403@hotmail.com

Does the property include, or is subject to, any of the following:

- Yes No Previously identified jurisdictional wetlands
 Yes No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
 Yes No Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:

- (A) existing and proposed facilities, structures, appurtenances, and wastewater systems
- (B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
- (C) existing and proposed vehicular traffic areas
- (D) existing and proposed water supplies, wells, springs, and water lines; and
- (E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: Yes No

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: [Signature] Date: 02-10-25

Owner's Signature: [Signature] Date: 02-10-25

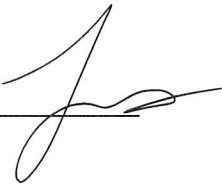
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

In accordance with G.S. 130A-335(a2) a LSS evaluation may be submitted in conjunction with a complete application to the Local Health Department. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant that states the following:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3).".

Owner: **Jonathan Newth - Owner, Newth Properties LLC**



Date: **01-30-2025**

SOIL/SITE EVALUATION
(Continuation Sheet-Complete all field in full)

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ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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5	L 5-10%	0-12	SBK/SiCL	FR/SS/SP/SEXP	2.5YR 6/4	UN	-	-	UN	
		12-AR	AUGER REFUSAL							
6	L 5-10%	0-20	SBK/SiCL	FR/SS/SP/SEXP	7.5YR 5/6 WEATHERED SLATE	S	-	-	UN- CONVENTIO NAL	
		20+	M/SiL	FR/SS/SP/SEXP						
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		28-36+	M/SiC	FI/SS/SP/SEXP						
8	L 5-10%	0-18	SBK/SiCL	FR/SS/SP/SEXP	7.5YR 5/6 WEATHERED ROCK	S	UN	-	UN - CONVENTIO NAL	-
		18-AR	AUGER REFUSAL							
9	L 5%	0-12	SBK/SiCL	FR/SS/SP/SEXP	7.5YR 5/6 FRAGMENT S ROCK	UN	-	-	UN	-
		12-AR	AUGER REFUSAL							

COMMENTS: _____