

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

October 3, 2023
Project #1773

"This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-336.2

RE: Lakeside Self Storage – 4271 Neill's Creek Road – Angier, NC (Harnett County)
100 gallon/day commercial office space septic design

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules, 15ANCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems". From this evaluation, ASC is providing the attached septic system design for a new single-septic system sized for 100 gallons/day flow rate.

The suitable soils found on the subject property were somewhat variable in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

The initial and primary septic fields for the new home were sized based on a flow rate of 100 gallons/day and utilizing Accepted Status system for the initial and repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the primary system on contour, see attached site plan for the primary system and repair. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and local county regulations for septic system installation. The trenches must be installed in the same location as the site plan. If flags are missing at the time of installation, they must be remarked by Adams Soil Consulting staff. Contact Alex Adams at 919-414-6761. A preconstruction conference is required with the septic installer prior to construction activities at least 14 days in advance of construction activities.

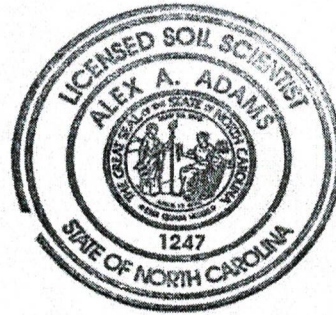
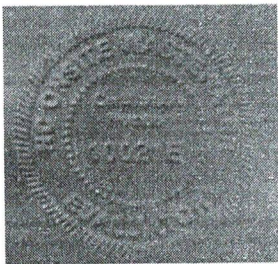
This report does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached site plan or in this report, please feel free to contact me anytime.

Sincerely,

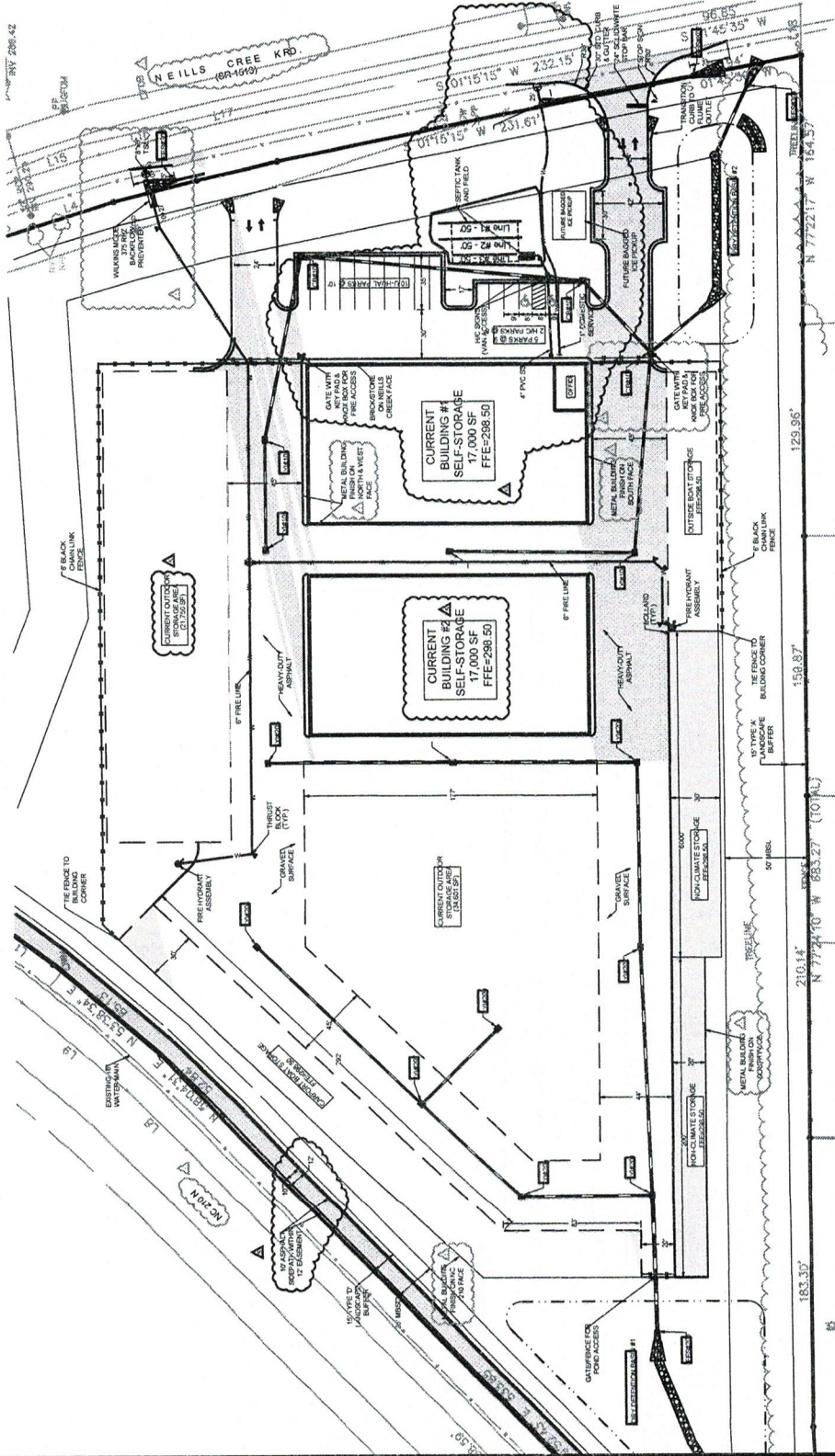


Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



100 Gallon/day Septic Design
 4271 Neill's Creek Road - Harnett County
 Lakeside Self Storage
 IS Neill's Creek, LLC

*Not a Survey
 (sketched from plot plan supplied by property owner)



System: Gravity to D-Box
 Lines: Lines 1-2 (100')
 0.4 LTAR
 24" Max Trench Bottom
 Gravel
 Repair: Gravity to D-Box
 Lines: Lines 3 (50')
 0.4 LTAR
 24" Trench Bottom
 T&J Panel Block

*1000 Gallon Septic Tank

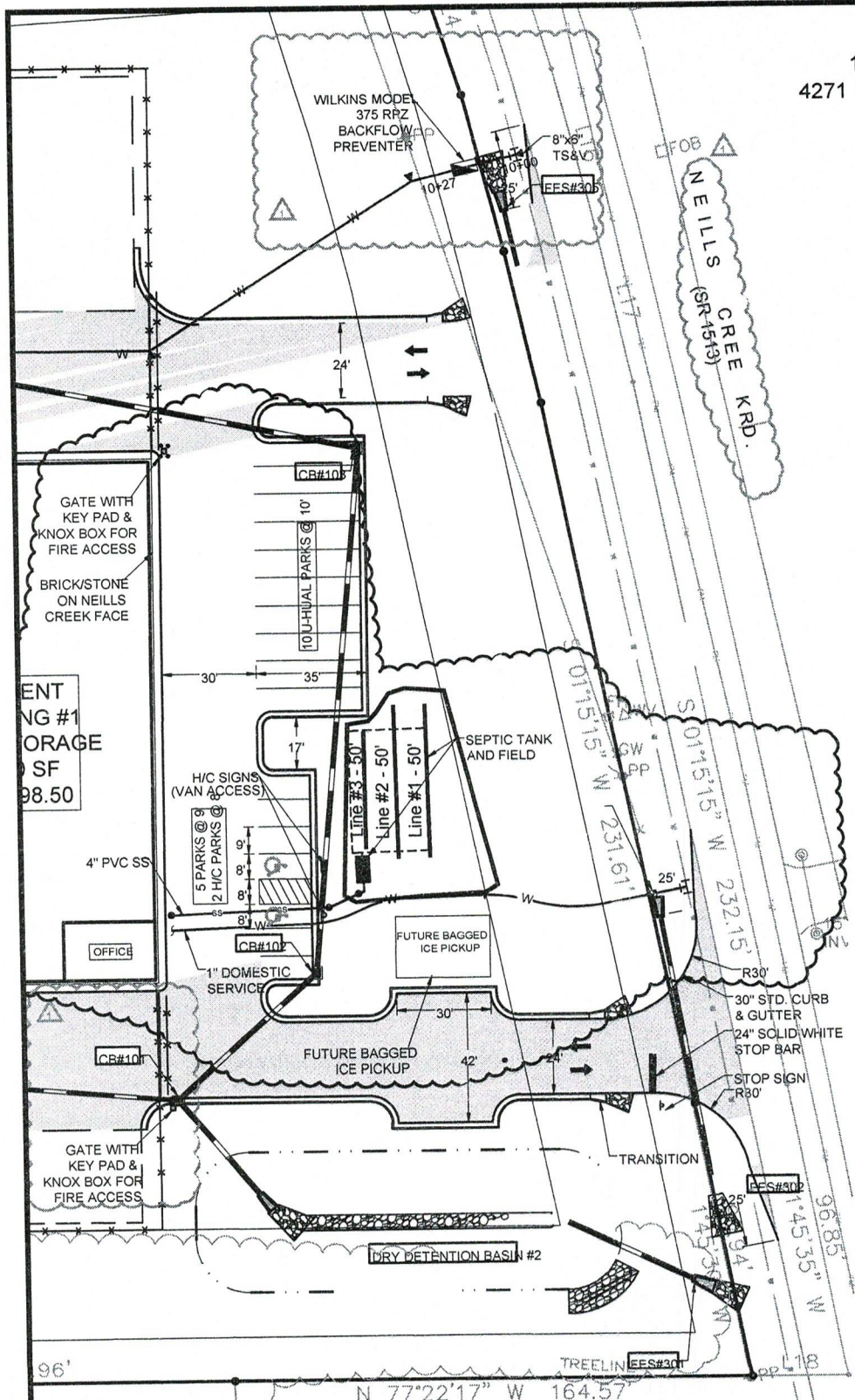
*Preconstruction Meeting required with septic installer
 **Septic lines to be flagged by Adams Soil Consulting prior to installation.

1" = 100'



Adams
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100 Gallon/day Septic Design
 4271 Neill's Creek Road - Harnett County
 Lakeside Self Storage
 IS Neill's Creek, LLC



***1000 Gallon Septic Tank**

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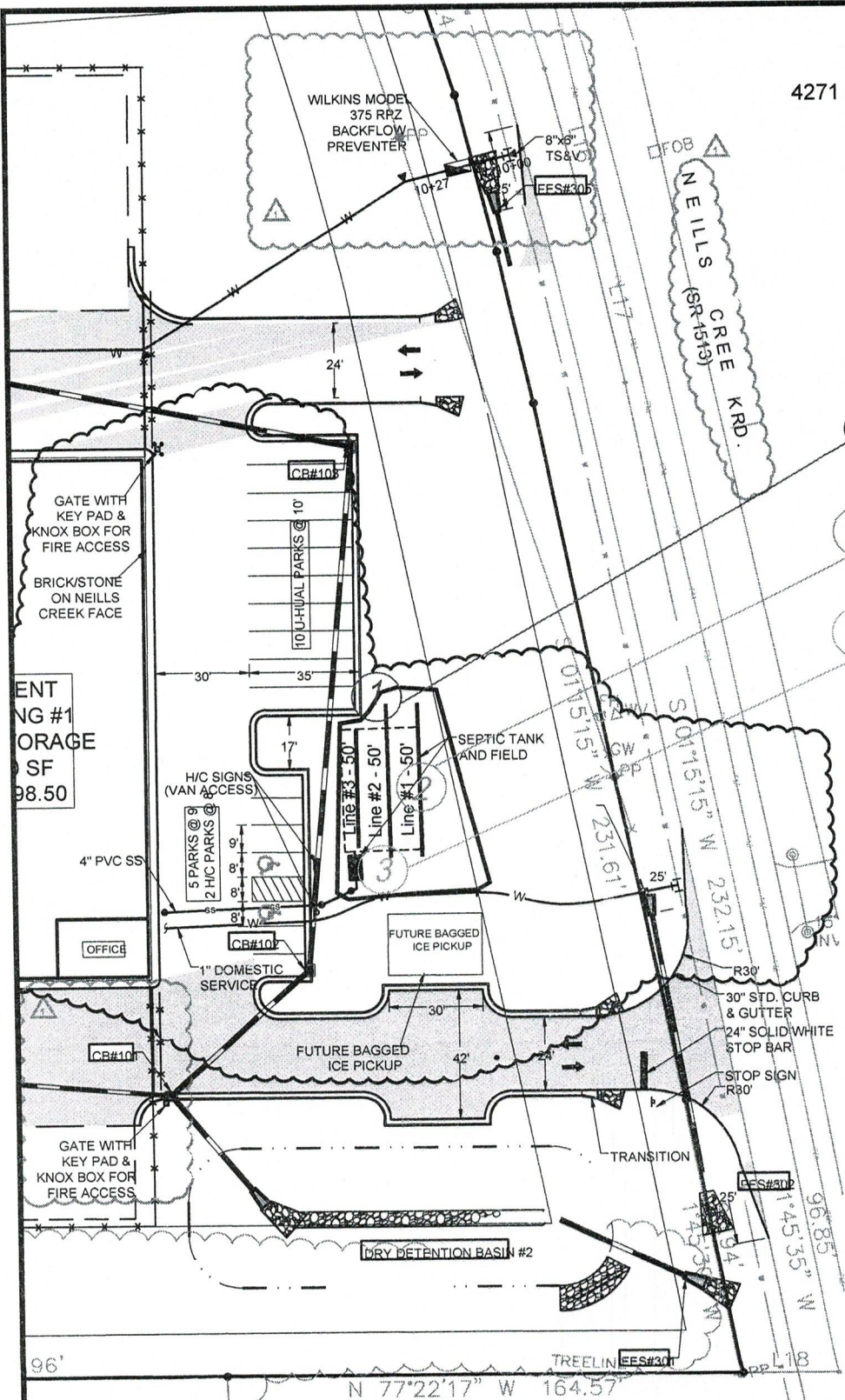
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1" = 50'



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Soil Boring Locations
 4271 Neill's Creek Road - Harnett County
 Lakeside Self Storage
 IS Neill's Creek, LLC



- 1 Profile Description #1
See Soil/Site Evaluation Data Form
- 2 Profile Description #2
See Soil/Site Evaluation Data Form
- 3 Profile Description #3
See Soil/Site Evaluation Data Form

*1000 Gallon Septic Tank

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

OWNER: Is Neills Creek, LLC
 ADDRESS:
 PROPOSED FACILITY: Commercial Office Space PROPOSED DESIGN FLOW (.1949): 100gpd
 LOCATION OF SITE: 4271 Neill's Creek Road – Angier NC 27501
 WATER SUPPLY: Public Supply
 EVALUATION METHOD: Auger Boring

APPLICATION DATE:
 DATE EVALUATED: 9-10-23
 PROPERTY SIZE: ~8.5 Acres

TYPE OF WASTEWATER: Sewage

| P R O F I L E # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|--|--|---------------------------|--------------------------------|-------------------------------------|------------------------------------|----------------------------|-------------------------|-------------------------|----------------------------|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPT H | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | Linear Slope/3% | 0-10 | GR/SL | FR/NS/NP/SEXP | N/A | N/A | N/A | N/A | P.S/.4 |
| | | 8-36 | SBK/SCL | FI/SEXP/S/P | | | | | |
| | | | | | | | | | |
| 2 | Linear Slope/3% | 0-8 | GR/SL | FR/NS/NP/SEXP | 32" | N/A | N/A | N/A | P.S/.4 |
| | | 8-36 | SBK/SCL | FI/SEXP/S/P | | | | | |
| | | | | | | | | | |
| 3 | Linear Slope/3% | 0-8 | GR/SL | FR/NS/NP/SEXP | 32" | N/A | N/A | N/A | P.S/.4 |
| | | 8-36 | SBK/SCL | FI/SEXP/S/P | | | | | |
| | | | | | | | | | |
| 4 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM | OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): U/PS EVALUATED BY: A. Adams OTHER(S) PRESENT: |
|-------------------------|----------------|---------------|--|
| Available Space (.1945) | S | S | |
| System Type(s) | Type III (g) | Type III (g) | |
| Site LTAR | 0.4 | 0.4 | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2023

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 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 Wade Associates, LLC 250 Pollock St. New Bern NC 28560 | CONTACT NAME: Angela Sensenig | FAX (A/C, No): (252) 649-2443 |
| | PHONE (A/C, No, Ext): (252) 631-5269 | E-MAIL ADDRESS: asensenig@wadeict.com |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Markel Insurance Company | | 38970 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER: 23-24 Master** **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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | 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 | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Errors & Omissions | | | ME011181 | 1/31/2023 | 1/31/2024 | General Aggregate \$1,000,000 Each Occurrence \$1,000,000 |

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

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATIONAL PURPOSES ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

N Whitsett/RACHEL

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