



North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

New Expansion Repair Relocation Relocation of Repair Area

Owner or Legal Representative Information: IS Neills Creek, LLC

Name: John Logan Auton, III

Mailing address: 110 Wild Winds Drive City: Coats State: NC Zip: 27521

Phone: 919.369.9872

Email: jauton@issdinc.com

Authorized Onsite Wastewater Evaluator Information:

Name: Alex Adams

Certification #: AOWE# 10021E

Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501

Phone: 919-414-6761

Email: alexadams@bcsoil.com

Site Location Information: Lakeside Self-Storage Facility - ~8.5 acres

Site address: 4271 Neill's Creek Road - Angier, NC 27501

Tax parcel identification number or subdivision lot, block number of property:

PIN# 0662-56-1185

County: Harnett

System Information:

Wastewater System Type: Type III (g)

Daily Design Flow: 100 gallons/day

Saprolite System: Yes No Subsurface Operator Required: Yes No

Water Supply Type: Private Well Public Water Supply Spring Other:

Facility Type:

Residential # Bedrooms _____ Maximum # of Occupants _____

Business Type of Business and Basis for Flow: Mini Storage facility - office with up to 4 designated employees (100 gallons/day flow rate)

Public Assembly Type of Public Assembly and Basis for Flow: _____

Required Attachments:

Plat or Siteplan

Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 3rd day of October, 2023 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina. This NOI shall expire on 3rd day of October, 2023

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature of Owner or Legal Representative: John Logan Auton

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:

Signature of Local Health Department Representative: James E. Marsh Date: 10/23

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.

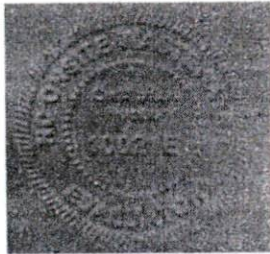
This report does not guarantee the future function of any waste water disposal system installed.

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

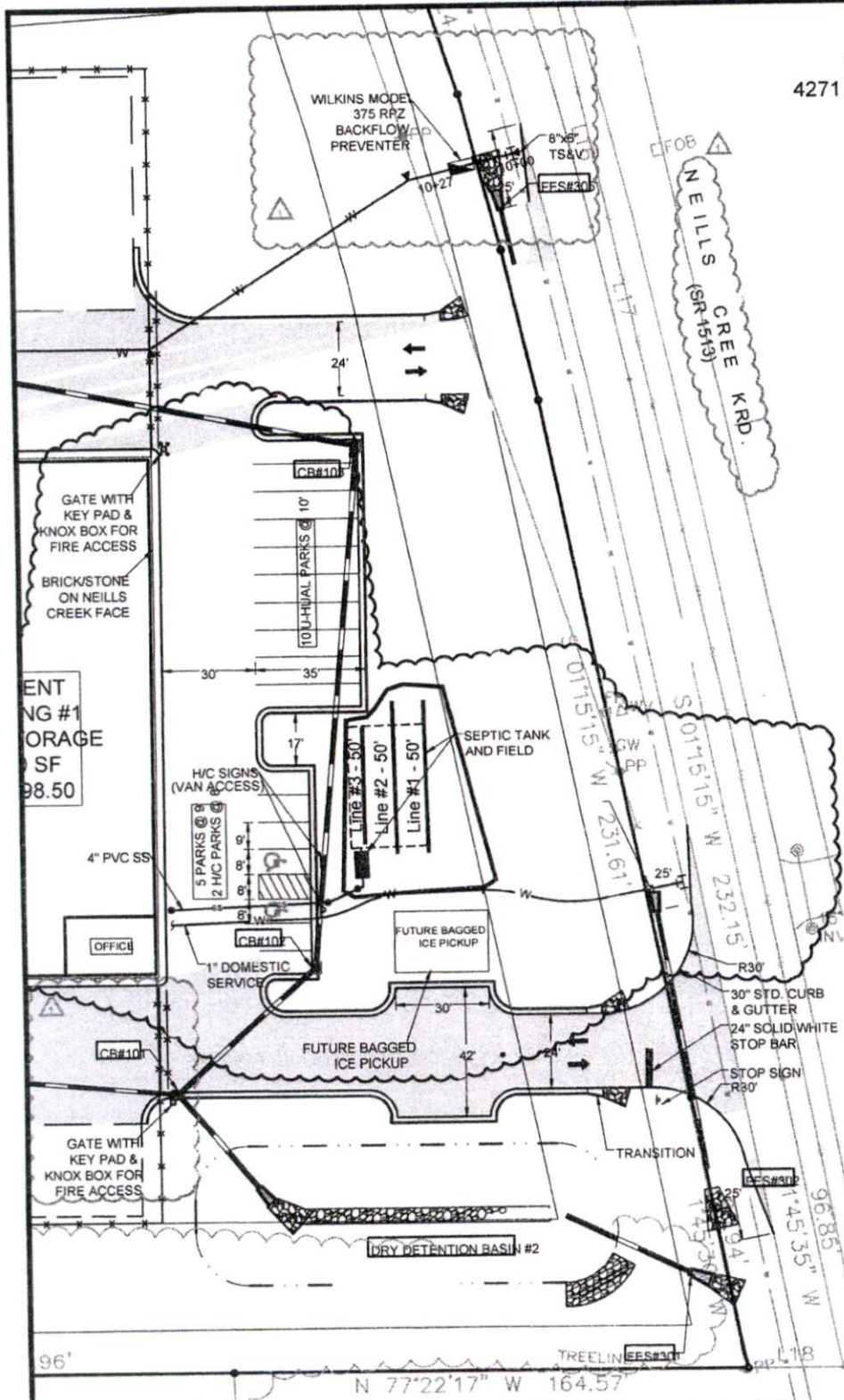
Sincerely,



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



*1000 Gallon Septic Tank

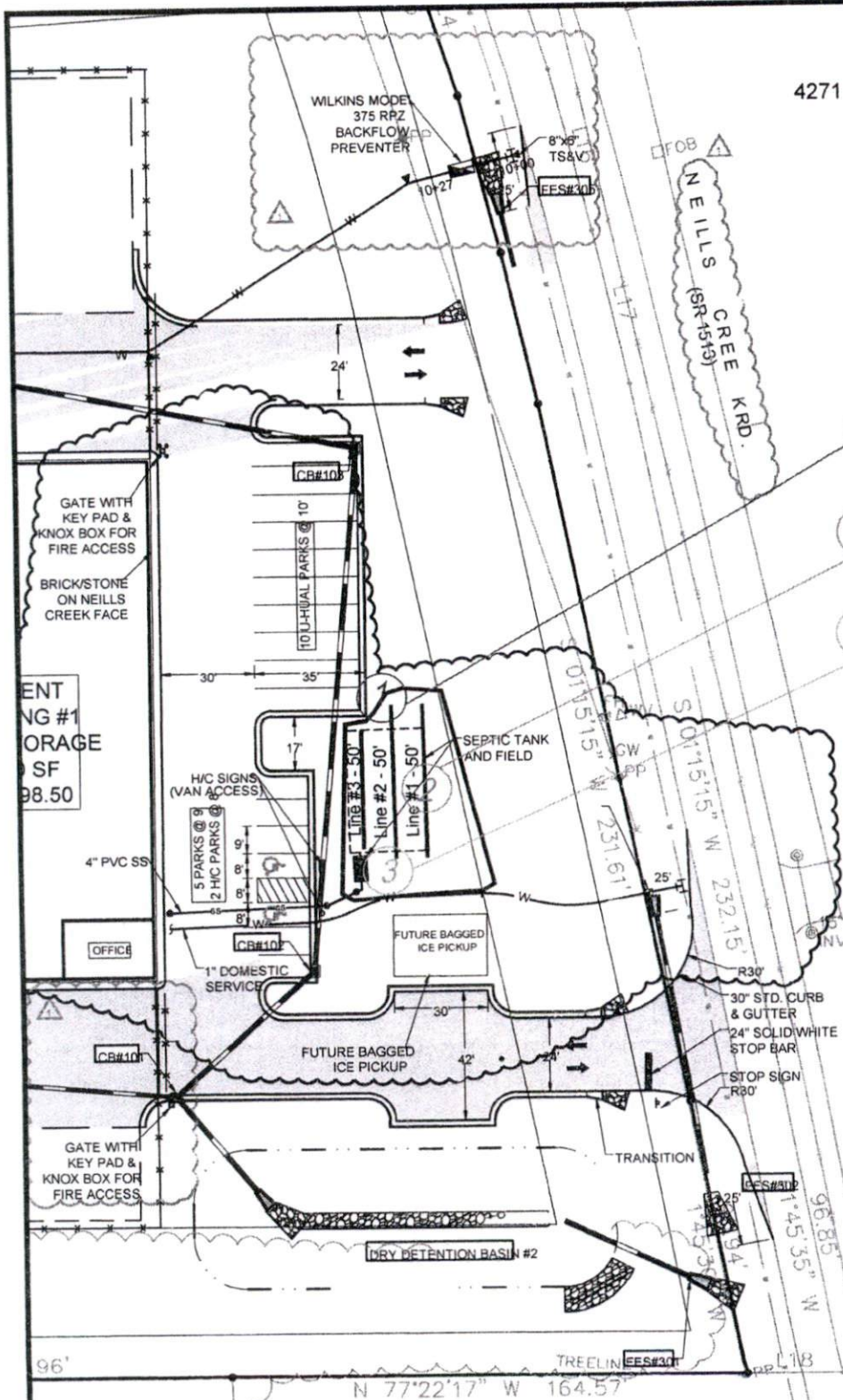
System: Gravity to D-Box
 Lines: Lines 1-2 (100')
 0.4 LTAR
 24" Max Trench Bottom
 Gravel
 Repair: Gravity to D-Box
 Lines: Lines 3 (50')
 0.4 LTAR
 24" Trench Bottom
 T&J Panel Block

*Preconstruction Meeting required with septic installer
 **Septic lines to be flagged by Adams Soil Consulting prior to installation.
 1" = 50'



Adams
 Soil Consulting
 919-414-6761
 Project #1773
 10-3-23

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**

System: Gravity to D-Box
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Adams
 Soil Consulting
 919-414-6761
 Project #1773
 10-3-23

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

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

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

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 PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com	
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501		INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38970	

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	\$
	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)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
A	Errors & Omissions			NEO11181	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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