

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

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March 27, 2023  
Project #1494

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

RE: 134 Mineral Spring Ln -Fuquay-Varina, NC 27526- Repair System Relocation for Proposed Pool

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 3-bedroom repair system relocation.

The suitable soils found on the subject property were relatively consistent 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 36 inches in depth before a restrictive horizon was encountered.

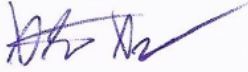
The initial and primary septic fields were sized based on a flow rate of 480 gallons/day and utilizing Accepted Status. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the repair (if needed) 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 Johnston County regulations for septic system installation. The trenches must be installed in the same location as the site plan. If the installation is in question at the time of installation call me (Alex Adams) at 919-414-6761.

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.

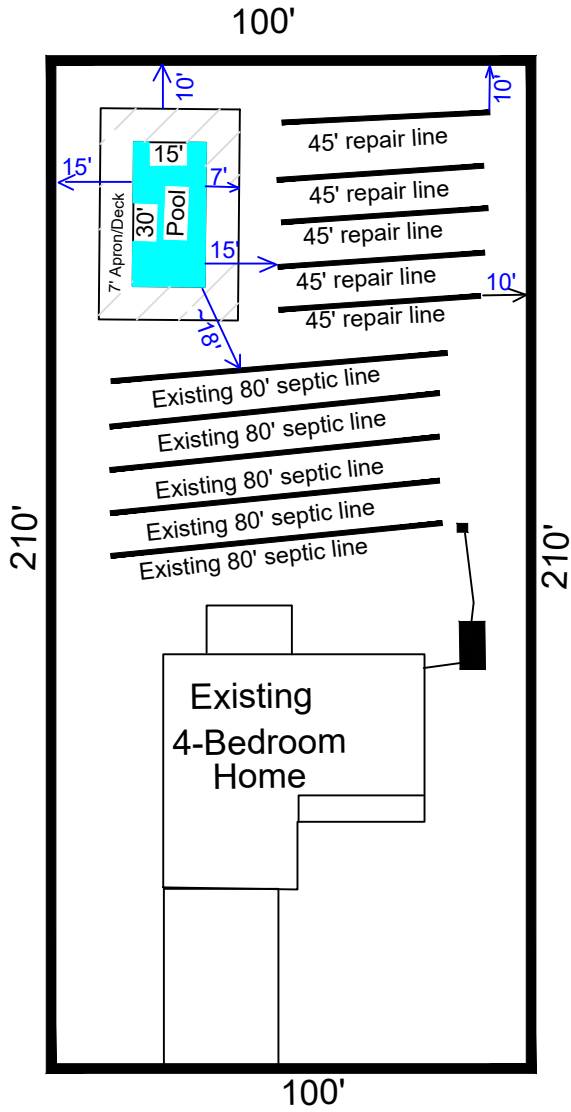
Sincerely,



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



Septic Repair relocation  
 134 Mineral Springs Ln  
 Harnett County  
 Wesley and Kristin Stiltner



Sketched from existing operation permit

System: Gravity  
 Lines: 1-5 (420')  
 0.3 LTAR  
 24" Max Trench Bottom  
 Accepted Status System  
 Repair: Gravity to D-Box  
 Lines: 6-10 (225')  
 0.35 LTAR  
 24" Max Trench Bottom  
 T&J Panel Block - 50% reduction system

Mineral Springs Ln

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1628

GRAPHIC SCALE  
 1" = 40'





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

COMMON FORM FOR AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION FOR NON-ENGINEERED SYSTEMS

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the AOWE in accordance with G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: \_\_\_\_\_ by \_\_\_\_\_
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

[X] Single System or [ ] Multiple Systems

AND

[ ] New [ ] Expansion [ ] Relocation of all or part of the Existing System [X] Relocation of Repair Area
[ ] Repair - LHD Permit Number \_\_\_\_\_ [ ] Repair - EOP/LSS COVID 19/AOWE Permit Number \_\_\_\_\_

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):

Wesley and Kristen Stiltner

Mailing address: 134 Mineral Springs Ln City: Fuquay-Varina State: NC Zip: 27526

Telephone number: 919-945-4807 E-mail Address: kristen.a.stiltner@gmail.com

2. Authorized On-Site Wastewater Evaluator (AOWE) name: Alex Adams

LSS License number: LSS-1247 AOWE Certification number: 100021 E

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

Telephone number: 919-414-6761 E-mail Address: alexadams@bcsoil.com

3. Licensed Geologist (LG) (if applicable) name: License Number:

Mailing address: City: State: Zip:

Telephone number: E-mail Address:

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

[X] AOWE [ ] LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 134 Mineral Spring LN - Fuquay-Varina, NC 27526 - Avery Pond Subdivision

Lot# 17

County Name: Harnett

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

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 6. Type of facility:  Place of residence No. Bedrooms: 4 No. Occupants: 8  
 Place of business Basis for flow calculation: \_\_\_\_\_  
 Place of public assembly Basis for flow calculation: \_\_\_\_\_
- 7. Factors that would affect the wastewater load: \_\_\_\_\_
- 8. Type and location of proposed wastewater system: Type III (g)
- 9. Design wastewater flow: 480 gpd  
 Design wastewater strength:  domestic  high strength  industrial process *(For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)*
- 10. A plat as defined in G.S. 130A-334(7a) is attached:  Yes  No  
 A site plan as defined in G.S. 130A-334(13a) is attached:  Yes  No
- 11. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950:  Yes  No  
 This is a saprolite system.  Yes  No
- 12. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached:  Yes  No
- 13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached  Yes  NA
- 14. Proposed landscape, site, drainage, or soil modifications are attached:  Yes  NA

**Attestation by AOWE pursuant to G.S. 130A-336.2**

I, Alex Adams hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances, and that the proposed system does not require a Professional Engineer, licensed in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities determined to be engineering as determined by the North Carolina Board of Examiners for Engineers and Surveyors.

ALEX ADAMS  
Signature of Authorized On-Site Wastewater Evaluator

3-27-23  
Date

**Owner self-submittal of NOI:**

I, Kristen Stiltner hereby submit this NOI prepared by Alex Adams  
Print Name of Owner Print Name of AOWE

pursuant to G.S. 130A-336.1.

Kristen Stiltner  
Signature of Owner

3-27-2023  
Date

**NOTES:**

*LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an AOWE Permit Option [G.S. 130A-336.2(f)]*

*RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** grants right of entry to the Local Health Department and the State to the referenced property.*

*ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.*

***This section for Local Health Department use only.***

**PART 2: LHD Completeness Review of the Notice of Intent to Construct**

*“(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period.”*

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: \_\_\_\_\_

Copies of this form listing missing items were sent to the AOWE and the Owner on \_\_\_\_\_

via \_\_\_\_\_ with directions to re-submit missing items using Page 5 of this form.

*Email, FAX, USPS, hand-delivered*

\_\_\_\_\_  
*Print Name of Authorized Agent of the LHD*

\_\_\_\_\_  
*Signature of Authorized Agent of the LHD*

\_\_\_\_\_  
*Date*

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the AOWE and the Owner on \_\_\_\_\_ via \_\_\_\_\_.

*Date*

*Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on \_\_\_\_\_ via \_\_\_\_\_.

*Date*

*Email, FAX, USPS, hand-delivered*

\_\_\_\_\_  
*Print Name of Authorized Agent of the LHD*

\_\_\_\_\_  
*Signature of Authorized Agent of the LHD*

\_\_\_\_\_  
*Date*





**PART 3: Authorization to Operate (ATO)**

*Except for date received, the Section below is to be completed by the Owner.*

<p>LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____  <i>Date Initials</i></p> <p>Date of Post-construction Conference: _____</p>
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The following items are included in this submittal for an Authorization to Operate under an AOWE permit:

- Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k)  Yes  No
- Operation and management program  Yes  No
- Fee (as applicable)  Yes  No
- Notarized letter documenting Owner's acceptance of the system from the AOWE  Yes  No
- On-site Wastewater Contractor name: \_\_\_\_\_ License number: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
- Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.  
 Yes  No

**Attestation by the Owner for Authorization to Operate**

I, \_\_\_\_\_ hereby attest that all items indicated above have been provided to the  
*Print name of Owner*  
\_\_\_\_\_ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

\_\_\_\_\_  
*Signature of Owner Date*

*This section for LHD Use Only.*

**LHD Review of required information for the ATO**

INCOMPLETE

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an AOWE permit: \_\_\_\_\_

Copies of this signed form were sent to the AOWE and the Owner on \_\_\_\_\_ via \_\_\_\_\_.  
*Date Email, FAX, USPS, Hand-delivered*

\_\_\_\_\_  
*Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date*

COMPLETE

Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on \_\_\_\_\_ via \_\_\_\_\_.  
*Date Email, FAX, USPS, Hand-delivered*

\_\_\_\_\_  
*Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date*

*ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.*