



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**

Single System or  Multiple Systems

AND

New  Expansion  Relocation of all or part of the Existing System  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.):

Building Company: Jerry Gregory

Mailing address: 4107 Christian Light Road City: Fuquay-Varina State: NC Zip: 27526

Telephone number: 919-422-0935 E-mail Address: \_\_\_\_\_

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

LSS License number: LSS-1247 AOWE Certification number: 10021 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: \_\_\_\_\_

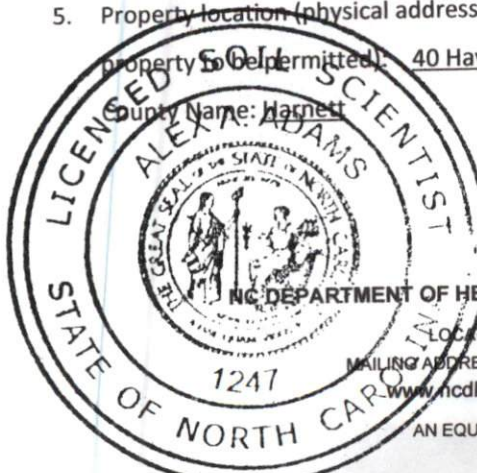
4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

AOWE  LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the

Property to be permitted): 40 Haverhill Place - Fuquay-Varina, NC 27526 - PIN# 0642-17-1662

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

COMMON FORM FOR AUTOMATIC ON-SITE WASTEWATER EVALUATOR PERMIT OPTION WHICH ENGINEERED SYSTEMS

1. The following information is to be completed by the owner or responsible party of the site.

2. The following information is to be completed by the engineer or responsible party of the system.

3. The following information is to be completed by the local health department.

4. The following information is to be completed by the state health department.

5. The following information is to be completed by the state health department.

6. The following information is to be completed by the state health department.

7. The following information is to be completed by the state health department.

8. The following information is to be completed by the state health department.

9. The following information is to be completed by the state health department.

10. The following information is to be completed by the state health department.



DEPARTMENT OF HEALTH AND ENVIRONMENT SERVICES  
1600 WEST WASHINGTON AVENUE  
ANN ARBOR, MICHIGAN 48106  
PHONE: (313) 763-1000  
FAX: (313) 763-1001

6. Type of facility:  Place of residence No. Bedrooms: 2 No. Occupants: 4  
 Place of business Basis for flow calculation: \_\_\_\_\_  
 Place of public assembly Basis for flow calculation: \_\_\_\_\_
7. Factors that would affect the wastewater load: N/A
8. Type and location of proposed wastewater system: Type III (g)
9. Design wastewater flow: 240 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  
*Authorized On-Site Wastewater Evaluator (Print Name)*  
 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.

[Signature]  
 Signature of Authorized On-Site Wastewater Evaluator

05/10/2023  
 Date

**Owner self-submittal of NOI:**

I, Jerry Gregory hereby submit this NOI prepared by Alex Adams  
*Print Name of Owner* *Print Name of AOWE*

pursuant to G.S. 130A-336.1.

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 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.*











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

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

LHD USE ONLY:	Initial submittal of request for ATO received: _____ by _____ <i>Date</i> <i>Initials</i>
	Date of Post-construction Conference: _____

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.*

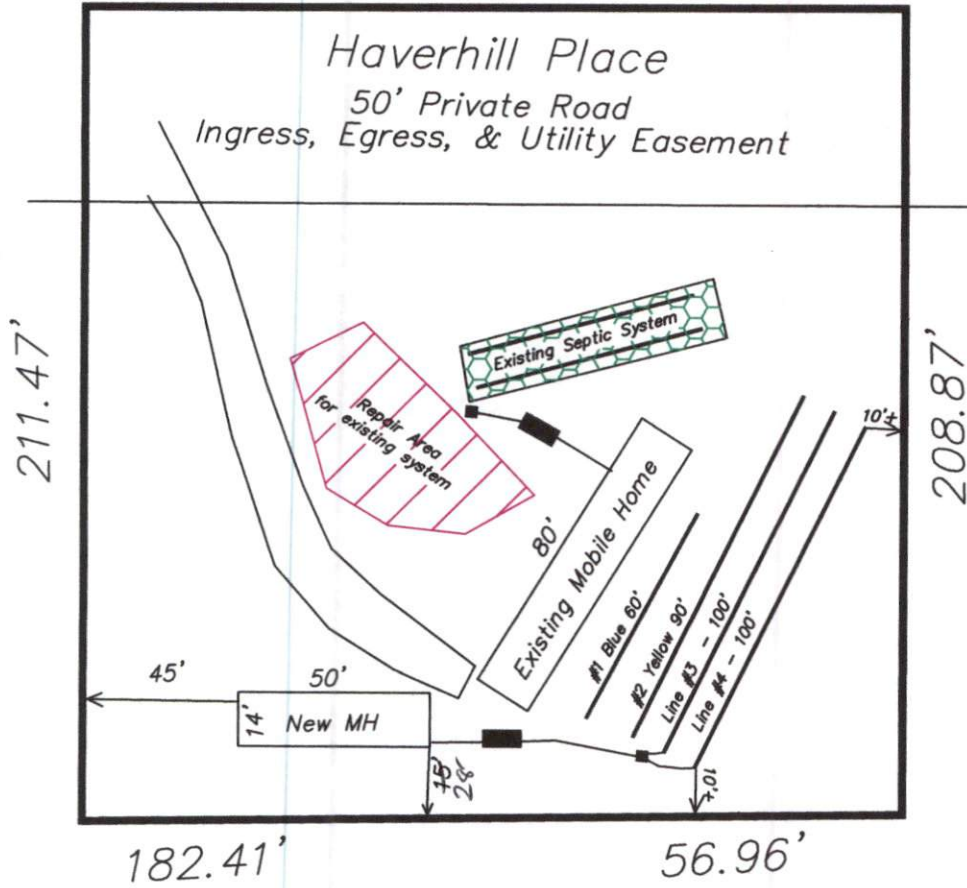


40 Haverhill Place - Fuquay-Varina, NC  
 New 2-Bedroom Septic Design for additional mobile home  
 Jerry Gregory

213.73'

Haverhill Place

50' Private Road  
 Ingress, Egress, & Utility Easement



System: Gravity to D-Box  
 Lines: 3-4 (200')  
~~0.4 LTAR~~ 0.3 LTAR - AA  
 18" Trench Bottom  
 Accepted Status  
 Repair: serial dist.  
 Lines: 1-2 (150')  
 0.3 LTAR  
 18" Trench Bottom  
 T&J Panel - 50% Reduction system

New System

\*\*1000 Gallon Septic Tank  
 Tank and trenches to be located minimum of 10'  
 from any property line and minimum of 5'  
 from any building foundation.  
 \*Do Not Cut, Fill, or Alter Drainfield or Repair Area  
 \*Comply with all setbacks

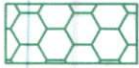
Adams  
 Soil Consulting  
 919-414-6761  
 Job #1657

GRAPHIC SCALE  
 1" = 50'





40 Haverhill Place - Fuquay-Varina, NC  
 Soil Map  
 Jerry Gregory



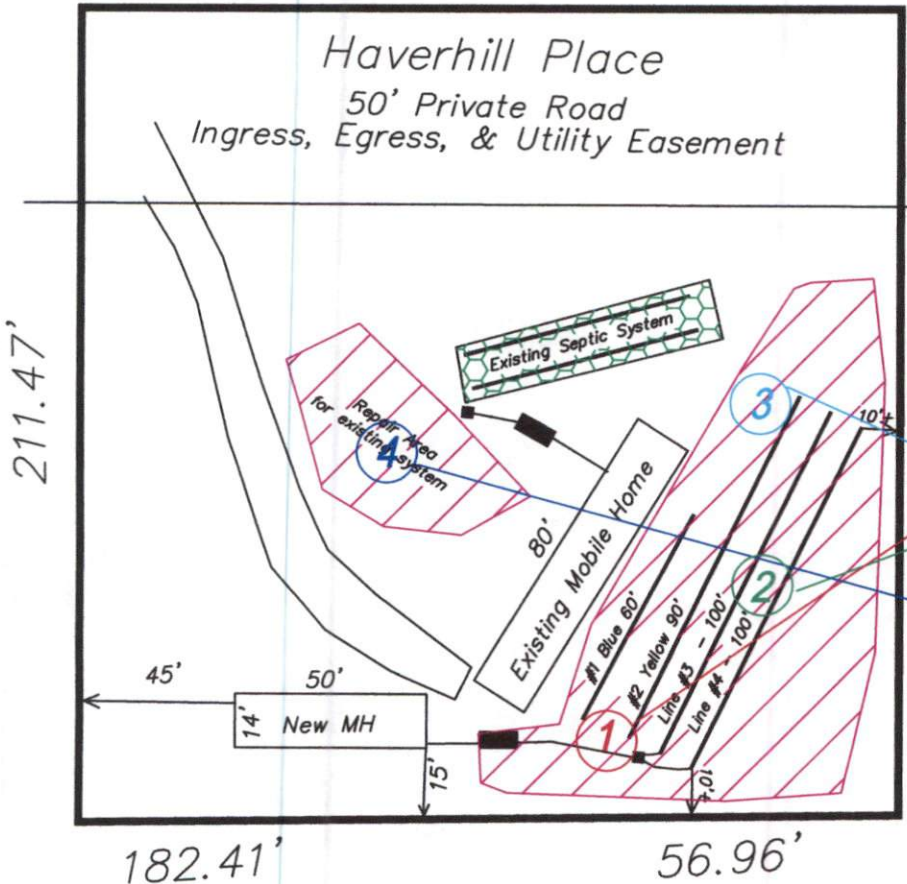
Approximate location of existing septic field.



Areas contain soils with 30 inches or more of useable material and have potential for conventional, modified conventional, LPP or ultra-shallow conventional septic systems. There may be inclusion of soils 24-29 inches to a restrictive horizon that will have potential for LPP septic systems.

213.73'

Haverhill Place  
 50' Private Road  
 Ingress, Egress, & Utility Easement



- 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
- 4 Profile Description #4  
See Soil/Site Evaluation Data Form

**New System**

\*\*1000 Gallon Septic Tank  
 Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.  
 \*Do Not Cut, Fill, or Alter Drainfield or Repair Area  
 \*Comply with all setbacks

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1657

GRAPHIC SCALE  
 1" = 50'



40 Haverhill Place - Fuquay-Varina, NC

Soil Map  
Jerry Gregory

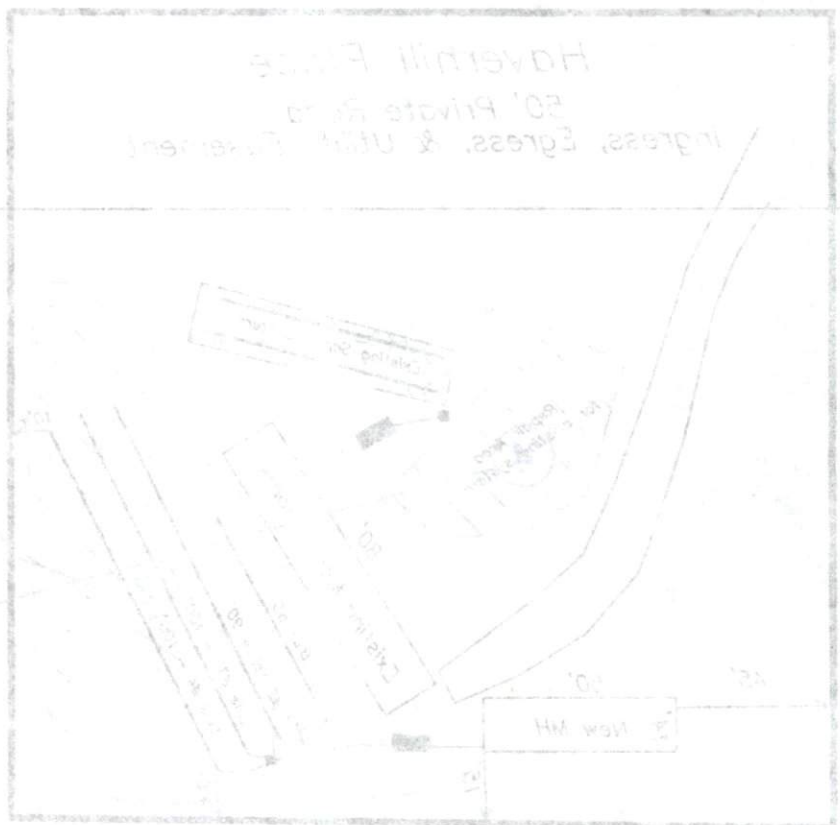
Approximate location of existing septic field

Area shown here is a 25' x 25' area  
more of septic field and one foot  
for conventional, and that is the  
a 25' x 25' area. It is a 25' x  
There may be additional 25' x 25' areas  
a septic field. It is a 25' x 25' area  
for septic systems.



213.75'

- Profile Description #1  
See Soil Profile Evaluation  
Data Form
- Profile Description #2  
See Soil Profile Evaluation  
Data Form
- Profile Description #3  
See Soil Profile Evaluation  
Data Form
- Profile Description #4  
See Soil Profile Evaluation  
Data Form



182.00'

New System

\*\*1000 Gallon Septic Tank  
Tank and trenches to be located minimum of 10'  
from any property line and minimum of 5'  
from any building foundation  
Do Not Out Fill or Alter Drainfield or Receptacles  
Comply with all setbacks

GRAPHIC SCALE  
1" = 50'



Adams  
Soil Consulting  
919-414-6761  
Job #1827

**SOIL/SITE EVALUATION  
 for ON-SITE WASTEWATER SYSTEM**

OWNER: Jerry Gregory

APPLICATION DATE:

ADDRESS: 40 Haverhill Place – Fuquay-Varina, NC 27526

DATE EVALUATED: 2-24-22

PROPOSED FACILITY: Single Family, 2-bedroom PROPOSED DESIGN FLOW (.1949): 240gpd

PROPERTY SIZE: ~1.05 acres

LOCATION OF SITE 40 Haverhill Place – Fuquay-Varina, NC 27526

WATER SUPPLY: Public Water

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 DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/6%	0-20	GR/SL gravely	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.3
		20-40	SBK/C gravely	FI/SEXP/SS					
2	Linear Slope/6%	0-18	GR/SL gravely	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.3
		18-40	SBK/CL gravely	FI/SEXP/SS					
3	Linear Slope/6%	0-23	GR/SL gravely	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.3
		23-36	SBK/C gravely	FI/SEXP/SS					
4	Linear Slope/6%	0-23	GR/SL gravely	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.3
		23-36	SBK/C gravely	FI/SEXP/SS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	>5,000 ft <sup>2</sup>	>5,000 ft <sup>2</sup>
System Type(s)	Type III	Type III
Site LTAR	0.3 AA	0.3 AA

OTHER FACTORS (.1946):  
 SITE CLASSIFICATION (.1948): PS

EVALUATED BY: A. Adams  
 OTHER(S) PRESENT:



COMMENTS:



