

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 Jm by Initials	
PART 1: Notice of Intent to Construct (NOI) - Please check all that apply	
■ Single System or	
AND	
☐ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repart of the Existence Of the Existenc	air Area
■ Repair – LHD Permit Number Repair – EOP/LSS COVID 19/AOWE Permit Number	ımber
Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):	
William Gavalier	
Mailing address: 84 Windy Farm Dr City: Fuquay-Varina State:	VC Zip: 27526
Mailing address: 84 Windy Farm Dr City: Fuquay-Varina State: 1 Telephone number: 919-604-0577 E-mail Address: bill.gavalier@gmail.	.com
2. Authorized On-Site Wastewater Evaluator (AOWE) name: Thomas J. Boyce	
LSS License number: 1241 AOWE Certification number: 10006E	
Mailing address: PO Box 865 City: West End State:	VC Zip: 27376
Telephone number: (910)295-1899 E-mail Address: info@mseptic.com	
3. Licensed Geologist (LG) (if applicable) name: n/a License Number	er: n/a
Mailing address: n/a City: n/a State:	n/a _{Zip:} n/a
Telephone number: n/a E-mail Address: n/a	
4. Proof of Errors and Omissions or other appropriate liability insurance for the following pers	ons is attached
that includes the name of the insurer, name of the insured and the effective dates of cover	age:
■ AOWE ☐ LG	
5. Property location (physical address, tax parcel identification number or subdivision lot, bloc	
property to be permitted): 84 Windy Farm Drive Fuquay-Varina, NC 2752	26
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

	non Form	LHD Reference:				
6.	Type of facility: Place of residence No. Bedrooms: 4	No. Occupants: Max 8				
	Place of business Basis for flow calcu	lation: N/A				
	Place of public assembly Basis for flow	calculation: N/A				
7.	Factors that would affect the wastewater load: N/A					
8. Type and location of proposed wastewater system: III(b)(g)						
	Design wastewater strength: domestic high strength	industrial process (For high strength and				
	industrial process wastewater, a Professional Engineer licensed in accordance	e 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, irrigat					
	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	e with G.S. 130A-335(a1) signed and sealed by a				
	LSS is attached: Yes No					
13.	Evaluation of geologic and hydrogeologic conditions signed a	nd sealed by a LG is attached Yes N				
14.	Proposed landscape, site, drainage, or soil modifications are a	attached: Yes NA				
Att	estation by AOWE pursuant to G.S. 130A-336.2					
. 1	Thomas Boyce hereby attest t	that the information required to be included with				
ا,	Authorized On-Site Wastewater Evaluator (Print Name)	that the information required to be included with				
syst pro wit	s Notice of Intent to Construct is accurate and complete to the tem shall meet applicable federal, State, and local laws, regula sposed system does not require a Professional Engineer, license in 15A NCAC 18A .1938 and activities determined to be engined examiners for Engineers and Surveyors.	tions, rules and ordinances, and that the ed in accordance with G.S. 89C, and in accordance				
	Thomas O Bank	06/05/2023				
Sign	nature of Authorized On-Site Wastewater Evaluator	Date				
0	and a life out we have a f NOI.					
	ner self-submittal of NOI:	Thomas Boyes				
I, _	Nilliam Gavalier hereby submit this NOI pro	epared by Thomas Boyce Print Name of Licensed AOWE				
n	rsuant to G.S. 130A-336.1.	es payment orange en 🗣 Translation (march of constitution)				
pur	William Gavalier	06 / 06 / 2023				
Sian	ature of Owner	307 007 2020				
Jigit	active of owner	Date				



County:	Harnett	
		_

System Design Specifications

PIN/Lot Identifier: 050634 0040 11
Issued To: William Gavalier
Property Location: 84 Windy Farm Drive Fuquay-Varina, NC 27526
AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE: 10006E Thomas Boyce
Facility Type: Single Family Home
New ☐ Expansion ✓ Repair ☐ System Relocation
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** $III(b)(g)$ - Accepted $III(b)(g)$ - PPBPS (Horizontal) (Repair)
Design Daily Flow: 480 GPD Wastewater Strength: ✓ domestic high strength industrial process
Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies?
Installation Requirements/Conditions
Septic Tank Size: 1,000 gallon - Existing gallons Total Trench/Bed Length: 342 feet Trench/Bed Spacing: 9 feet on center
Drainfield square footage: N/A Trench/Bed Width: 36 inches LTAR: 0.35 gpd/ft²
Soil Cover: 6"+ inches Slope Adjusted Maximum Trench/Bed Depth: 16 inches
Aggregate Depth: N/A inches above pipe N/A inches below pipe N/A inches total
Pump Tank Size (if applicable): gallons Requires more than 1 pump? Yes
Pump Requirements: TBD ft. TDH vs. TBD GPM Grease Trap Size (if applicable): N/A gallons
Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other: Parallel or Serial
Artificial Drainage Required: Yes No V If yes, please specify details:
<u>Legal Agreements</u> (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)
Multi-party Agreement Required [.1937(h)]: Yes V No
Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: Yes V No
Declaration of Restrictive Covenants: Yes No
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Print Name: William Gavalier
Owner/Legal Representative Signature: William Gavalier Date: 06 / 06 / 2023
Pre-Construction Conference Required: Yes V No
Conditions:
16" Max Trench Depth - additional cover required. Establish vegetative cover to prevent erosion.
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference
into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.
AOWE/PE Print Name: Thomas Boyce, 1241
AOWE/PE Signature: Shora of Boyle Date: 06/02/23

NCLSS #1241 AOWE #10006E Thomas Boyce, LSS, REHS, AOWE Marlin Wastewater Services, LLC



(910)999-PUMP www.mseptic.com info@mseptic.com PO Box 865. West End NC, 27376

AOWE/SL2022-11 Permit Requirements

- · Pre-construction conference with septic contractor required before beginning installation.
- · It is the responsibility of the contractor to contact the AOWE prior to installation.
- · Systems shall not be installed in wet conditions or the permit will be revoked.
- · Any changes to the proposed plans must be approved by the AOWE.
- Do not allow any traffic, construction, excavation utilities, material storage, or any other disturbance to take place on the designated septic area or repair area. These activities may void your permit.
- · The client/owner is responsible for marking any property lines and corners.
- The contractor is responsible for ensuring that the septic system is installed in the proper location and that all setbacks are met. See NCAC 18A. 1950 for setback requirements. The contractor is responsible for ensuring that the septic system is installed in accordance with local rules in counties where this is applicable.
- · The system installation must be inspected by the local health department at certain stages during the installation.
- For systems with pumps, the contractor is responsible for the proper installation of the electrical components.
 An electrical permit must be obtained and a person with a valid NC Electrical license must provide electrical service to the pump controller and alarm.
- This permit shall become invalid and/or may be revoked if the site is altered. There shall be no grading, cutting, logging or other soil
 disturbance in the septic area. Design does not guarantee functionality or future performance.
- The contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water. After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken areas, stabilization, and final landscaping of the ground surface. No heavy equipment or vehicular traffic over the leach field.
- · Installer to re-establish field layout prior to pre-construction conference for initial and repair systems as applicable.
- · Tanks must be leak tested by the manufacturer.
- · Installer must be certified by NCOWCICB at appropriate grade level for system.
- · Installer must carry adequate general liability insurance.

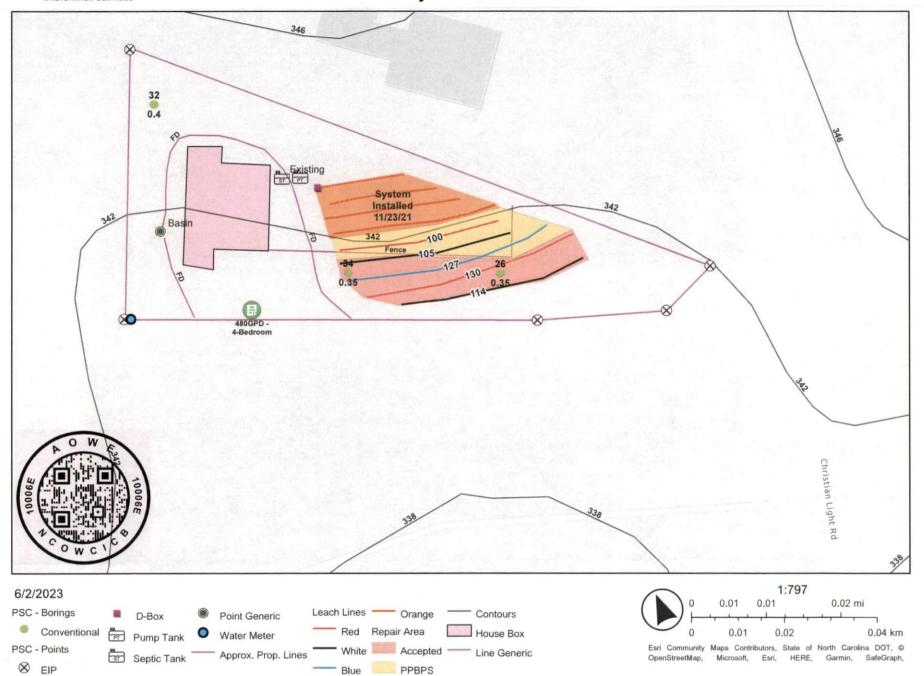
Additional Requirements:				
"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A- 335(a2)."				
Maintenance Requirements: System should be maintained in accordance with NCAC 18A .1961 - The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.				
Owner/Client Acknowledgment of Permit Requirements				
William Gavalier				
Owner Signature				



84 Windy Farm Dr

Long	-78.86884305107250	-78.8686149310926	-78.86833205789780		
Lat	35.51258491494240	35.51220477364320	35,5121059402522		
Boring_Type	Conventional	Conventional	Conventional		
Slope	5-8	5-8	5-8		
Landscape_Position	Linear	Linear	Linear		
LTAR	0.4	0.35	0.35		
Saprolite	No	No	No		
Soil_Wetness	32	34	26		
H1_Depth	20	22	16		
H1 Texture	Sandy Loam	Sandy Loam	Sandy Loam		
H1_Moist_Consistency	Loose	Loose	Loose		
H1_Structure	Gr	Gr			
		Slightly Expansive	Gr		
H1_Mineralogy	Slightly Expansive		Slightly Expansive Non Sticky		
H1_Stickiness	Non Sticky	Non Sticky			
H1_Plasticity	Non Plastic	Non Plastic	Non Plastic		
Add_Horizon_2					
H2_Texture	SC Loam	SC Loam	SC Loam		
H2_Moist_Consistency	Friable	Friable	Friable		
H2_Depth	32.0	34.0	26.0		
H2_Structure	SBK	SBK	SBK		
H2_Mineralogy	Slightly Expansive	Slightly Expansive	Slightly Expansive		
H2_Stickiness	Sticky	Sticky	Sticky		
H2_Plasticity	Plastic	Plastic	Plastic		
Usable_Depth	32	34	26		
Septic_Tank_Capacity	1,000 Gallon				
Pump_Tank_Capacity	1,000 Gallon	JSED	SOIL SC		
Initial_System_Type	Accepted		5 J. BOLLET		
Line_Length_Initial	342'	KA	Diger 1		
Max_Depth_Initial	16"	SE PER			
Repair_System_Type	PPBPS (Horizontal)	E OF NO	RTHCARO		
Line_Length_Repair	228'				
Max_Depth_Repair	16"				
Distribution_Method	Parallel or Serial				
Initial_LTAR	0.35				
Repair_LTAR	0.35				
GPD	480GPD - 4-Bedroom				

84 Windy Farm Dr. 2023





CERTIFICATE OF LIABILITY INSURANCE

09/21/2022

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).

С	ertificate holder in lieu of such endors	ement(s).					(i)
PRO	DUCER			CONTACT Kelli	R. Starr			14
Terry Riney Agency, Inc.				PHONE (010)005 1101				
	11 Trotter Hills Circle		NC 20274 7020	(AiC, No, Ext): (910)295-1121 (AiC, No):(910)295-8980 E-MAIL ADDRESS: kelli@rineyagency.com				
	Pinehurst		NC 28374-7930			DING COVERAGE		NAIC#
				INSURER A : Erie Insu	urance Com	pany		26263
INS	INSURED			INSURER B : Erie Insurance Exchange				26271
	Marlin Wastewater Service	2011		INSURER C :				
P.O. Box 865				INSURER D :				
	West End		NC 27376-	INSURER E :				
				INSURER F:				
CC	VERAGES CER	TIFICAT	E NUMBER:	I INSURER F		REVISION NUMBER:		11 11 11 11
_	HIS IS TO CERTIFY THAT THE POLICIES O			BEEN ISSUED TO THE			LICY PE	RIOD
11	NDICATED. NOTWITHSTANDING ANY REC	UIREMEN	NT, TERM OR CONDITION OF	F ANY CONTRACT OR	OTHER DOCU	MENT WITH RESPECT TO	WHICH	THIS
	ERTIFICATE MAY BE ISSUED OR MAY I					HEREIN IS SUBJECT TO	ALL T	HE TERMS,
INSF		ADDL SUB	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP			
LTR	TYPE OF INSURANCE	INSD WV				LIMIT		1,000,000
Α	7		Q61-0188942	07/01/2022	07/01/2023	DAMAGE TO RENTED		
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)		1,000,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE		2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		2,000,000
_	OTHER:					COMBINED SINGLE LIMIT	\$	4 000 000
Α	AUTOMOBILE LIABILITY		Q61-0188942	07/01/2022	07/01/2023	(Ea accident)		1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
_							\$	
В	UMBRELLA LIAB OCCUR		Q31-0173849	04/06/2022	07/01/2023	EACH OCCURRENCE		2,000,000
	EXCESS LIAB CLAIMS-MADE				1	AGGREGATE	\$	2,000,000
	DED RETENTION \$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Q91-0104617	07/01/2022	07/01/2023	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1,0				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Contractor's Errors & Ommissions		Q61-0188942	07/01/2022	07/01/2023	Each Occurrence		1,000,000
			BATOMM BE ACCOMMODIS	PARTICION - NO. 809 CAUSE (MATO)		Aggregate		1,000,000
						Deductible	_	1,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Septic tank repair and service								
CE	RTIFICATE HOLDER			CANCELLATION				AI 000612
	VARIABLE HARRIST THE STATE OF T							
Fred Smith Company 400 Riverwood Drive			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Clayton NC 27520-				AUTHORIZED REPRESE	NTATIVE	11000		
	-	Kelli R. Stark						

Fax: (919)550-8186

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Signature Certificate

Reference number: PWCTN-4AELG-OD9CZ-PVABM

Signer

Timestamp

Signature

William Gavalier

Email: bill.gavalier@gmail.com Shared via link

Sent: Viewed: Signed: 05 Jun 2023 14:03:54 UTC 06 Jun 2023 21:37:01 UTC 06 Jun 2023 21:37:48 UTC William Gavalier

IP address: 172.220.234.194

Location: Sanford, United States

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