

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

IHD LISE ONLY: Initial submittal of this NO.			
LHD USE ONLY: Initial submittal of this NOI received:	Date	by	
PART 1: Notice of Intent to Construct (NOI) - Please check a	ll that apply		
Single System or 🔲 Multiple Sy	stems		
AND			
☐ New ☐ Expansion ☐ Relocation of all or part of the Ex	sting System	Relocation of Repair A	rea
Repair – LHD Permit Number Repair -	EOP/LSS COVID 1	9/AOWE Permit Numbe	er
1. Facility Owner's name: (Owner, Company Name, Utility,	Partnership, Indi	vidual, etc.):	
Building Company: Billy and Janice Ricketts			
Mailing address: 58 Pope Lake Road City: Angier	State: NC	Zip: <u>27501</u>	
Telephone number: 919-414-6761	E-mail Address: a	alexadmas@bcsoil.con	n
2. Authorized On-Site Wastewater Evaluator (AOWE) name	: Alex Adams	5	
LSS License number: LSS-1247 AOWE Certificati			
Mailing address: <u>1676 Mitchell Road</u> City: <u>Ang</u>			
Telephone number: <u>919-414-6761</u> E-mail Address: <u>ale</u>			
3. Licensed Geologist (LG) (if applicable) name:			
Mailing address:C			
Telephone number: E-mail A			
4. Proof of Errors and Omissions or other appropriate liabil			
that includes the name of the insurer, name of the insur			
⊠ AOWE ☐ LG	3.		
 Property location (physical address, tax parcel identification) 	ion number or su	hdivision lot block nu	mher of the
property to be permitted): <u>58 Pope Lake Road – Angier,</u>		iodivision for, block file	iniber of the
County Name: Harnett	10 27 301		

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

	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) – see attached site sketch for location
9.	Design wastewater flow: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: X 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
	SOIL SOIL
Atte	Alex Adams hereby a test to 3 When phormation cognized to be included with
l,	THE COMMENT OF THE CONTRACT OF
this	Authorized On-Site Wastewater Evaluator (Print Name) Notice of Intent to Construct is accurate and complete to the best of my knowledge and hat the proposed
syst	em shall meet applicable federal, State, and Ideal lawk, regulations, rules and ordinances, and that the
prop	posed system does not require a Professional takingel, licensed in accordance with 5.5 1990, and in accordance
	A Service of the Carolina Board
	1247
	NORTH CAT
Signa	ture of Authorized On-Site Wastewater Evaluator Date
O	and sold submitted of MOL
	ner self-submittal of NOI:
I, <u>10</u>	Print Name of Owner hereby submit this NOI prepared by Alex Adams Print Name of AOWE
nuec	
purs	uant to 6.S. 130A-336.1.
1	1/1/1-1/2(/may) 3/6/23

AOWE	Common	Form

LHD Reference:

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.

LUD D.C.	
LHD Reference:	

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 NOI is determined to be:	n accord	ance with	G.S. 130A-336.2(c). This
INCOMPLETE (If box is checked, Information in this section is re	equired.)		
Based upon review of information submitted in Part 1, the following i	tems are	e missing:	
Copies of this form listing missing items were sent to the AOWE and t	he Own	er on	
via with directions to re-submit missing ite	ems usin	g Page 5 c	Date of this form.
Print Name of Authorized Agent of the LHD Signature of Author	ized Agen	t of the LHD	Date
COMPLETE (If box is checked, information in this section is requ	ired.)		
Based upon review of information submitted in Part 1 of this form, th	is 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_	Date	via	Email, FAX, USPS, hand-delivere
Print Name of Authorized Agent of the LHD Signature of Author	rized Agen	t of the LHD	

LHD Reference:

Re-submitta	of	NOI	with	missing	items	included
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I nis Section	on is for use by owner to submit items Resubmittals must be accom	noted as missing during LHD panied by a cover letter from	Completeness Review above. the AOWE.
LHD USE ONLY: This NO	resubmittal received:	Date	_ by
em # from initial NOI	Resubmittal descript	ion	
Attestation by AOWE certi	fied in North Carolina purs	uant to G.S. 130A-33	6.2
	her	ehy attest that the in	formation required to be included wit
Authorized On-Site Wastew	ater Evaluator (Print Name)		
inis Notice of Intent to Con system shall meet applicab	struct is accurate and comp le federal, State, and local I	plete to the best of many aws, regulations, rule	y knowledge and that the proposed
		, ,	,
Signature of Authorized On-Site W	astewater Evaluator		te
The sect	ion below is for Local Health Departme	ent use after submittal of iten	ns noted as missing above.
I HD Follow up Completens	oss Dovinus of Blatics of Lat-		
End rollow-up completene	ss Review of Notice of Inte	nt to Construct	
		and Intent was condu	icted in accordance with G.S. 130A-
336.2(c). This NOI is detern	nined to be:		
INCOMPLETE			
Based upon review of inform	mation submitted in the RE	SUBMITTAL above, th	nis Notice of Intent remains INCOMPE
because the following items	s from Part 1 of this form re	main missing:	
Copies of this signed form v	vere sent to the AOWE and	the Owner on	via
		Date	Email, FAX, USPS, Hand-delivered
Print name of authorized Agent	of the LHD Signa	ture of authorized Agent o	f the LHD Date
COMPLETE	mation cubmitted in the DF	CLIDA ALTTAL altaua ta	and drives a second of the sec
Part 1 of this form, this NOI	is deemed complete.	SORMILIAL above in	addition to information provided in
	vere cont to the AOWE and	the Owner on	via
Copies of this signed form v	vere sent to the AUVVE and		Email, FAX, USPS, Hand-delivered
Copies of this signed form v		Date	
	m with tracking information		e:via

			L	HD Reference:		
PART 3:	Authorization to Opera	ate (ATO)				
	Except for date re	ceived, the Section below is to	be completed b	y the Owner.		
LHD USE ONI	LY: Initial submittal of reques	for ATO received:		by		
		Dat	e	Initials	_	
	Date of Post-construction	on Conference:				
The College						
1 Signed as	items are included in this s	ubmittal for an Authoriza	tion to Oper	ate under an AO	WE permit:	
	nd sealed copy of the AOWE	's report that includes the	e informatio	n in		
	N-336.2(k) n and management progran				Yes	☐ No
	pplicable)	1			Yes	∐ No
	d letter documenting Owner	's assentance of the most	f tl	1014/5	Yes	∐ No
					☐ Yes	∐ No
5. On-site W	Vastewater Contractor name	9:		License numb	er:	
Mailing a	ddress:	City:		State:	Zip:	
Telephon	e number:	E-mail Address	:			
Proof of E attached Yes	Errors and Omissions or other and includes the name of the No	er appropriate liability ins ne insurer, name of the in	urance for t sured, and t	he On-site Waste he effective date	ewater Cont s of coverag	ractor is ge.
Add a startia as to						
	V Tho i iilihor tor Alithorizati					
Attestation b	y the Owner for Authorizati	on to Operate				
l,			tems indicate	ed ahove have h	een nrovide	d to the
l <u>,</u>		hereby attest that all i	tems indicat	ed above have be	een provide	d to the
l,	name of Owner County LHD and					d to the
l,	name of Owner	hereby attest that all i				d to the
l,	name of Owner County LHD and	hereby attest that all i				d to the
l,	name of Owner County LHD and pless and ordinarices.	hereby attest that all i	oplicable fed			d to the
l,	name of Owner County LHD and	hereby attest that all in	oplicable fed			d to the
e/int n	name of OwnerCounty LHD and ules and ordinances.	hereby attest that all in the system shall meet and the system shal	oplicable fed			d to the
e/int n	name of Owner County LHD and pless and ordinarices.	hereby attest that all in the system shall meet and the system shal	oplicable fed			d to the
e/int n	name of Owner County LHD and ples and ordinances. Signature of Owner f required information for t	hereby attest that all in the system shall meet and the system shal	oplicable fed			d to the
regulations/lu	name of Owner County LHD and ples and ordinances. Signature of Owner frequired information for the ETE	hereby attest that all in the system shall meet and the system shall meet and the system for LHD Use Of the ATO	Date Date	eral, State, and l	ocal laws,	
regulations/lu LHD Review o	name of Owner County LHD and ples and ordinances. Signature of Owner f required information for t	hereby attest that all in the system shall meet and the system shall meet and the section for LHD Use Of the ATO ted in the Section above,	Date The followin	eral, State, and l	ocal laws,	
regulations/lucions/lu	County LHD and Less and ordinances. The state of Owner of Owner of Owner of Owner of Owner of Owner of County LHD and Owner of Owner of County LHD and Owner of Owner of Owner of County LHD and Owner of Owner of County LHD and Owner of O	This section for LHD Use Of the ATO ted in the Section above, to Operate for an AOWE	Totale fed	eral, State, and l	ocal laws,	
regulations/lucions/lu	County LHD and LHE and	This section for LHD Use Of the ATO ted in the Section above, to Operate for an AOWE	Date / Only. the following permit:	eral, State, and l	ocal laws,	·
regulations/lucions/lu	County LHD and Less and ordinances. The state of Owner of Owner of Owner of Owner of Owner of Owner of County LHD and Owner of Owner of County LHD and Owner of Owner of Owner of County LHD and Owner of Owner of County LHD and Owner of O	This section for LHD Use Of the ATO ted in the Section above, to Operate for an AOWE	Totale fed	eral, State, and l	ocal laws,	
regulations/ig LHD Review o INCOMPL Based upon reinformation re Copies of this	County LHD and Less and ordinances. The state of Owner of Owner of Owner of Owner of Owner of Owner of County LHD and Owner of Owner of County LHD and Owner of Owner of Owner of County LHD and Owner of Owner of County LHD and Owner of O	This section for LHD Use Of the ATO ted in the Section above, to Operate for an AOWE	Date Date Date	g items are missi via Email, FAX, US	ing from the	·

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.

Signature of authorized Agent of the LHD

A copy of this complete NOI/ATO with tracking information was sent to the State on

in accordance with G.S. 130A-336.2(m).

Print name of authorized Agent of the LHD

via

Email, FAX, USPS, Hand-delivered

Date

58 Pope Lake Road - Angier, NC 2-Bedroom Repair Design Billy Ricketts



Repair

New 1000 gallon septic tank to be installed

System: Gravity to D-Box

Lines: 1-2 (150') 0.4 LTAR

24" Max Trench Bottom Accepted Status System * Pre construction meeting required with installer



Approximate location of failing septic field.

**1000 Gallon Septic Tank

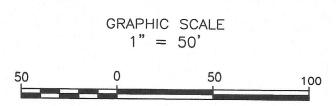
Tank and trenches to be located minimum of 10' from any property line and minimum of 5'

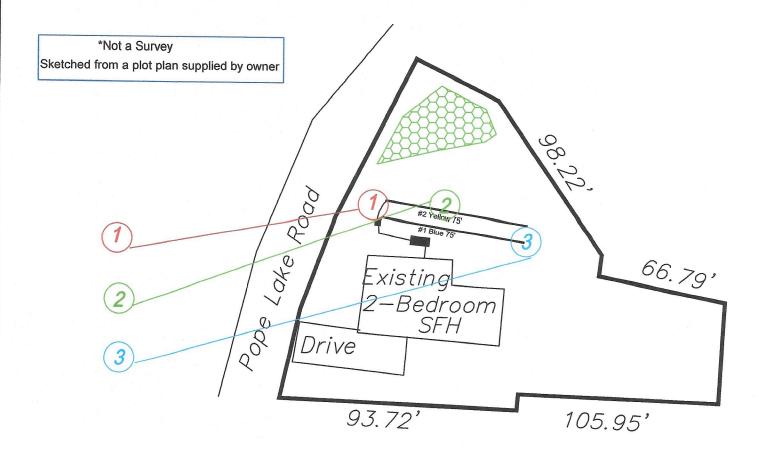
from any building foundation.

*Do Not Cut, Fill, or Alter Drainfield or Repair Area

*Comply with all setbacks

Adams Soil Consulting 919-414-6761 Job #1609





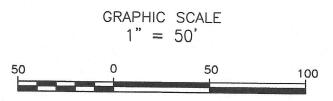
* Pre construction meeting required with installer



Approximate location of failing septic field.

**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 #1609



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Billy Ricketts

APPLICATION DATE:

ADDRESS: 58 Pope Lake Road - Angier, NC 27501

DATE EVALUATED: 2-24-22

PROPOSED FACILITY: Single Family, 2-bedroom PROPOSED DESIGN FLOW (.1949): 240gpd LOCATION OF SITE 58 Pope Lake Road – Angier, NC 27501

PROPERTY SIZE: ~0.58 acres

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

P R O F I L	R O F I .1940		SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
#	POSITION/ SLOPE %	DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
2007	Linear	0-20	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
1	Slope/6%	20-40	SBK/SCL	FI/SEXP/SS					
1									
	Linear	0-18	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
2	Slope/6%		SBK/SCL	FI/SEXP/SS					
									e.,
SIM 1	Linear	0-23	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
3	Slope/6%	23-36	SBK/SCL	FI/SEXP/SS					
3							OIL S	CAL	
1 -						S RIEY	ADAM		
4						150	7/	ANTION ANTION	
		# T T				OF	1247 00TH	CA2//	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	>5,000 ft ²	>5,000 ft ²	SITE CLASSIFICATIÓN (.1948): PS
System Type(s)	Type III	Type III	EVALUATED BY:A. Adams OTHER(S) PRESENT:
Site LTAR	0.4	0.4	

COMMENTS:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2022

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)

Ĉ	rtificate holder in lieu of such endors	ement(s).			8 1	1 47				
PROI	DUCER	CONTACT NAME: Angela Sensenig								
Wade Associates, LLC				PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443						
250	Pollock St.	E-MAIL ADDRESS: asensenig@wadeict.com								
							DING COVERAGE		NAIC #	
New Bern NC 28560					INSURERA: Markel Insurance Company				38970	
INSU	RED	INSURER B:				305.0				
Alex Adams, DBA: Adams Soil Consulting					INSURER C:					
1676 Mitchell Rd.					INSURER D:					
				INSURER E :						
Angier NC 27501					INSURER F:					
		RTIFICATE NUMBER: 22-23 Maste								
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.										
NSR LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR					g -	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occur MED EXP (Any one po	rence) \$	2	
							PERSONAL & ADV IN	JURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:			, "			GENERAL AGGREGAT	TE \$		
	POLICY PRO- JECT LOC		- 1				PRODUCTS - COMP/C	OP AGG \$		
	OTHER:				100			\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE L (Ea accident)	IMIT \$		
	ANY AUTO						BODILY INJURY (Per	person) \$		
	ALL OWNED SCHEDULED AUTOS		v			. * -	BODILY INJURY (Per			
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR		E .				EACH OCCURRENCE	\$		
-	EXCESS LIAB CLAIMS-MADE	1 1					AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		V		-		PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	г \$		
	(Mandatory in NH)	4					E.L. DISEASE - EA EM	IPLOYEE \$		
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	Y LIMIT \$		
A	Errors & Omissions		MEO11181	la I	1/31/2022	1/31/2023	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 *********************************					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
*******				AUTHO	AUTHORIZED REPRESENTATIVE					
4					N Whitsett/MB N Red W					