LHD Reference: EH 2303-0007

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."

	is determined to be:
	INCOMPLETE (If box is checked, Information in this section is required.)
Base	d upon review of information submitted in Part 1, the following items are missing:
Copi	es of this form listing missing items were sent to the AOWE and the Owner on
via	Date 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.)
Base	d upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.
Copi	es of this signed form were sent to the AOWE and the Owner on 3/8/23 via
А со	py of this NOI and tracking information was sent to the State on 3/8/23 via Email, FAX, USPS, hand-delivered
	Mark Osborns REHS Make LEHS 3-8-23 Print Name of Authorized Agent of the LHD Date
	Signature of reasonable right of the Life Signature of reasonable right of the Life Signature of the Life Sign



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: 3-8-23 by MAO 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
 Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):
Building Company: Billy and Janice Ricketts
Mailing address: 58 Pope Lake Road City: Angier State: NC Zip: 27501
Telephone number: 919-414-6761 E-mail Address: alexadmas@bcsoil.com
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:
5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the
property to be permitted): 58 Pope Lake Road – Angier, NC 27501
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

AOWE Com	mon Form			LHD Reference:	+12303-					
6.	Type of facility:	Place of residence	No. Bedrooms: 2							
		Place of business	Basis for flow calculation:							
		Place of public ass	embly Basis for flow calcula	ation:						
7.	Factors that wo	uld affect the wastewate	er load: <u>N/A</u>							
8.	Type and locatio	on of proposed wastewa	ter system: Type III (g) – see	attached site sketch for l	ocation					
9.										
	Design wastewater strength: domestic high strength industrial process (For high strength and									
	industrial process we	astewater, a Professional Engl	neer licensed in accordance with G.	S. 89C shall design the on-site w	rastewater system.)					
10.	A plat as defined	in G.S. 130A-334(7a) is	attached: 🗌 Yes 🛛 No							
	A site plan as de	fined in G.S. 130A-334(1	L3a) is attached: Xes	No						
11.	othermal, groundwater m	onitoring,								
	sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and									
		5A NCAC 18A .1950: 🛛								
	This is a saprolit	e 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:			(,,						
13.	Evaluation of ge	ologic and hydrogeologi	c conditions signed and seale	ed by a LG is attached	Yes NA					
			oil modifications are attache							
			501							
Atte	estation by AOW	E pursuant to G.S. 130A	hereby tuest matthe intern	DA						
l,		Adams	hereby thest matrine inform	nation required to be incl	uded with					
this	Authorized On-Site	vvustewater Evaluator (Print)	Name) and complete to the best of	0,11						
syst	em shall meet ap	plicable federal, State, a	and local laws, regulations, re	ules and ordinances, and	ne proposed that the					
pro	posed system doe	es not require a Professi	onal aginee, licensed in ac	cordance with GS \$ 9C, a	and in accordance					
		1938 and activities dete neers and Surveyors.	rmined to be ingine ring as		Carolina Board					
0, 2	Adminiers for Lings	neers and surveyors.	12	AT CAROLL						
			Or NOR	TH CK						
Signo	ature of Authorized Or	n-Site Wastewater Evaluator		3-3-23 Date						
Owi	ner self-submitta	of NOI:								
ı, <u>B</u>	Print Name of O		y submit this NOI prepared b	by Alex Adams Print Name of AOWE						
purs	suant to 6.S. 130	AB36.1. Or D	ATA							
1	The dell	1- Harkes	X.	3/6/22						
Sign	Ture of Owner	1000		7/0/03						
•	11/			Date						

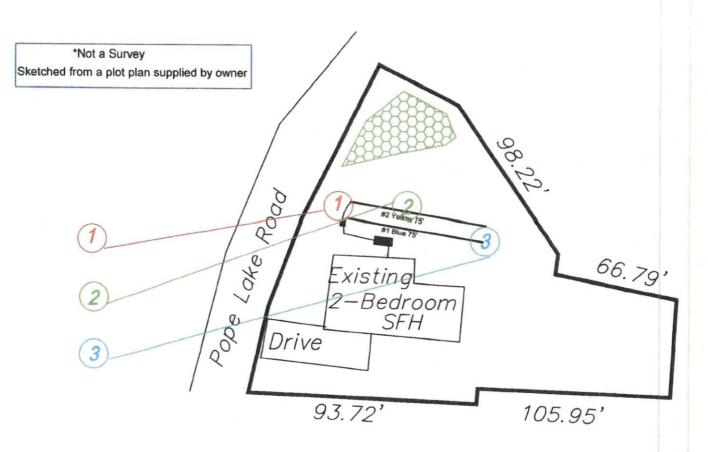
LHD Reference: EH 2303 - 0007

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.



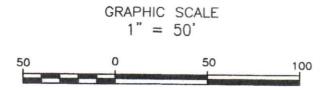
* Pre construction meeting required with installer



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



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



Терап

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

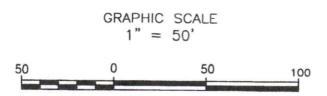
Tank and trenches to be located minimum of 10' from any property line and minimum of 5'

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



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

PROPERTY SIZE: ~0.58 acres

LOCATION OF SITE 58 Pope Lake Road - Angier, NC 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

P R O F I L E	.1940 LANDSCAPE POSITION/ SLOPE %	NDSCAPE HORIZON SITION/ DEPTH		ORPHOLOGY .1941)	OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear Slope/6%	0-20	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
1		20-40	SBK/SCL	FI/SEXP/SS					
	Linear	0-18	GR/SL	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.4
2	Slope/6%	18-40		FI/SEXP/SS					
	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		25	OIL SCI		
						NE PLEY	ADAM	12	
4					AL LIGHT		2/	WIND CO.	
					1	OF	OPTH	CAT	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM		
Available Space (.1945)	>5,000 ft ²	>5,000 ft ²		
System Type(s)	Type III	Type III		
Site LTAR	0.4	0.4		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY:A. Adams

OTHER(S) PRESENT:

COMMENTS:

Updated February 2014



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

certificate holder in lieu of such endors			rsemer	it. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRODUCER			CONTAC	Angela S	Sensenig				
Wade Associates, LLC				NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 (A/C, No): (252) 649-2443					
250 Pollock St.			E-MAIL ADDRES	CXU.	ig@wadeict	. com			
						DING COVERAGE		NAIC #	
New Bern NC 285	INSURER A: Markel Insurance Company					38970			
INSURED			INSURE	RB:					
Alex Adams, DBA: Adams Soil Con	sulting	ī	INSURE	RC:					
1676 Mitchell Rd.			INSURE	RD:					
			INSURE	RE:					
Angier NC 27			INSURE	RF:					
THIS IS TO CERTIFY THAT THE POLICIES OF		E NUMBER: 22-23 Mast	-	ED TO THE IN		REVISION NUMBER:	DEDIOD		
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	JIREMENT, TAIN, THE	TERM OR CONDITION OF AN INSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS		
INSR TYPE OF INSURANCE	ADDL SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY	1130	T OLOT HOMOLY		THIMIDON TITLE	JMIN/CO/11111	EACH OCCURRENCE	s		
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
GEN'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	To des	
OTHER:							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANYAUTO						BODILY INJURY (Per person)	\$	1.4.4	
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
							\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE	\$	-	
COMMISTRADE	1					AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION	+					PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						E.L. EACH ACCIDENT	s		
OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	s		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s		
	+			. (24 (2002	4 /04 /0000			A1 000 000	
A Errors & Omissions		ME011181		1/31/2022	1/31/2023	General Aggregate Each Occurrence		\$1,000,000 \$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACORD 1	101, Additional Remarks Schedule, m	nay be atta	ched if more spa	ce is required)				
CERTIFICATE HOLDER			CANC	ELLATION		A			
***FOR INFORMATIONAL PU	SHO	ULD ANY OF T	DATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE			
*********			AUTHOR	RIZED REPRESEN	NTATIVE	7			
	N Whitsett/MB N Red W								