

North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct

New Expansionx_Repairx RelocationRelocation of Repair Area
Owner or Legal Representative Information: Billy and Peggy Pope Name: Sharon McLamb Mailing address: PO Box 848 City: Coats State: NC Zip: 27521 Phone: 919-796-4139 Email: smclamb@ymail.com
Authorized Onsite Wastewater Evaluator Information: Name: Alex Adams Certification #: AOWE# 10021E Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501 Phone: 919-414-6761 Email: alexadams@bcsoil.com
Site Location Information: Site address: 2711 NC 55 W - Coats, NC 27521 Tax parcel identification number or subdivision lot, block number of property: PIN# 0691-38-1962 County: Harnett
System Information: Wastewater System Type: Type III (g) Daily Design Flow: 480 gallons/day Saprolite System:YesX_No Subsurface Operator Required:YesX_No Water Supply Type:Private WellX_Public Water SupplySpringOther:
Facility Type: X_Residential4 # Bedrooms8 Maximum # of Occupants Business
Requird_Attachments:x_Plat_or_Siteplanx_ Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 28 th day of February, 2024 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina. This NOI shall expire on 28 th day of February, 2029.
Signature of Authorized Onsite Wastewater Evaluator: Wex Adams Signature of Owner or Legal Representative: Wexperiment of Owner or Legal Representative:
Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator. Local Health Department Receipt Acknowledgement:
Signature of Local Health Department Representative: Date:

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

February 28, 2024 Project #1890

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

RE: 2711 NC Hwy 55 W – Coats, NC - 4-bedroom Single Family Residence (Harnett County PIN #: 0691-38-1962) for Billy Pope and Sharon McLamb.

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 septic system design for a single-family repair and relocation sized for a 480 gallon/day septic system.

The suitable soils found on the subject property were somewhat variable 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 24 inches in depth before a restrictive horizon was encountered.

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

The septic installer contractor shall install the primary 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 local county regulations for septic system installation. The trenches must be installed in the same location as the site plan. If flags are missing at the time of installation, they must be remarked by Adams Soil Consulting staff. Contact Alex Adams at 919-414-6761. A preconstruction conference is required with the septic installer prior to construction activities at least 14 days in advance of construction activities.

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.

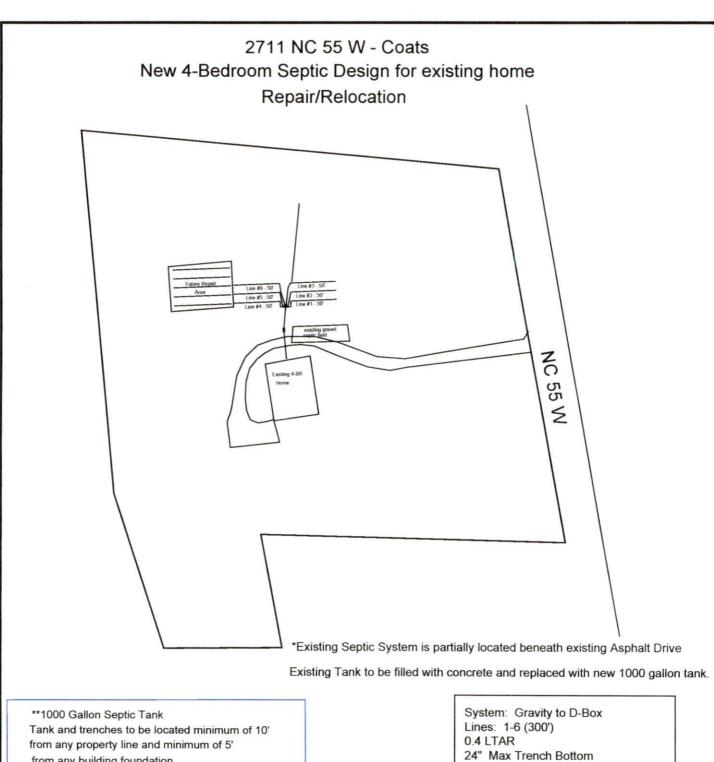
Sincerely,

Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E







from any building foundation. *Do Not Cut, Fill, or Alter Drainfield or Repair Area *Comply with all setbacks

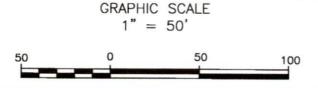
Accepted Status

Repair: Pressure Manifold Lines: 5 @60' (300')

0.4 LTAR

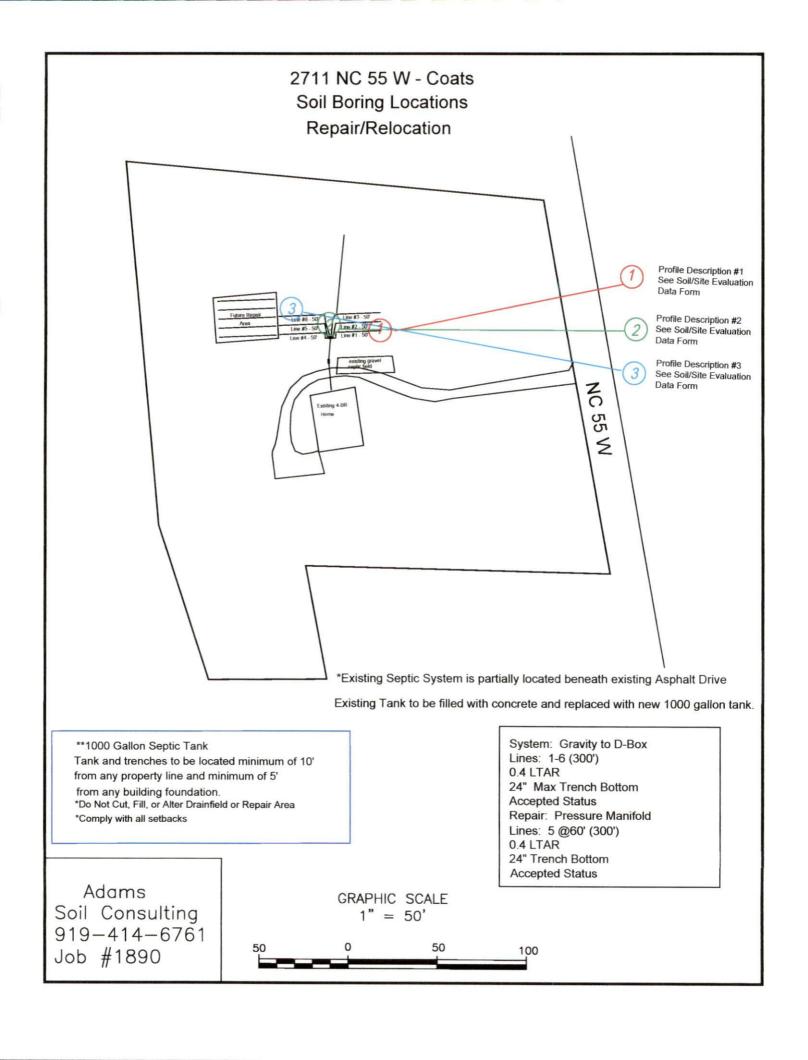
24" Trench Bottom Accepted Status

Adams Soil Consulting 919-414-6761 Job #1890



2711 NC 55 W - Coats New 4-Bedroom Septic Design for existing home

Renair/Relocation



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (Complete all fields in full)

OWNER: Billy Pope

ADDRESS: 2711 NC Hwy 55 W - Coats, NC

APPLICATION DATE:

DATE EVALUATED: 2-26-24

PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480gpd LOCATION OF SITE: 2711 NC Hwy 55 W - Coats, NC

PROPERTY SIZE: ~5.25 acres

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.)	MORP	OIL HOLOGY 1941)	PF				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPT H	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear	0-14	GR/LS	FR/NS/NP/SEXP	N/A	N/A	N/A	N/A	P.S - 0.4
1	Slope/3%	14-36	GR/SCL	FR/NS/NP/SEXP					
H	Linear	0-14	GR/LS	FR/NS/NP/SEXP	N/A	N/A	N/A	N/A	P.S – 0.4
	Slope/3%	14-38	GR/SCL	FR/NS/NP/SEXP	2,722	17/11	14/11	****	1.5 - 0.4
	Linear	0-14	4 GR/LS FR/NS/NP/		N/A	N/A	N/A	N/A	P.S - 0.4
3	Slope/3%	14-38	GR/SCL	FR/NS/NP/SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):	
Available Space (.1945)	S	S	SITE CLASSIFICATION (.1948): U/PS	
System Type(s)	Type III (b) Type III (b)		EVALUATED BY:A. Adams OTHER(S) PRESENT:	
Site LTAR	0.4	0.4		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2024

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

RODU	ficate holder in lieu of such endorse ER				CONTAC	Angela	Sensenia				
					PHONE (252) 521 5262 FAX						
Made Associates, LLC					(A/C, No. Ext): (232) 631-3269 (A/C, No): (232) 649-2443						
50 Pollock St.					E-MAIL ADDRESS: asensenig@wadeict.com						
NO OFFI					INSURER(S) AFFORDING COVERAGE INSURERA: Markel Insurance Company					NAIC #	
ew Bern NC 28560							Insurance	Company	-	38970	
SURED					INSURER B:						
ex Adams, DBA: Adams Soil Consulting 576 Mitchell Rd.						C:			-		
,,	MICCHELL NG.				INSURE	-					
gi	er NC 275	01			INSURE				-		
_		-	ATE	NUMBER: 24-25	INSURE	(F:		REVISION NUMBER:			
NDI	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PER LUSIONS AND CONDITIONS OF SUCH P	IREN TAIN,	ENT, THE I	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH CIES DESCRI	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHICH	H THIS		
1	TYPE OF INSURANCE	ADDL	SUBR	BR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) LIMITS				
T	COMMERCIAL GENERAL LIABILITY	INSU IN						EACH OCCURRENCE			
Г	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	5		
					- 1			MED EXP (Any one person)	5		
					- 1			PERSONAL & ADV INJURY \$	5		
G	EN'L AGGREGATE LIMIT APPLIES PER:				- 1			GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	5		
	OTHER:							5	5		
A	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5		
	ANY AUTO							BODILY INJURY (Per person) \$	3		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	\$		
	HIRED AUTOS NON-OWNED AUTOS				- 1			PROPERTY DAMAGE (Per accident)	\$		
								5	5		
L	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	\$		
L	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	5		
L	DED RETENTION \$							Lecture 5	5		
	DRKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N	EXERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDENT			
								E.L. DISEASE - EA EMPLOYEE \$			
D	yes, describe under IESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$				
E	Errors & Omissions ME01118-06		MEO1118-06		1/31/2024	1/31/2025	General Aggregate		\$1,000,00		
								Each Occurrence		\$1,000,00	
RI	PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACC	ORD 10	nd, Additional Remarks Schedule, m	ay be atta	shed if more space	ce is required)				
ERTIFICATE HOLDER					CANCELLATION						
FOR INFORMATIONAL PURPOSES ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				AUTHORIZED REPRESENTATIVE							
1					N Whitsett/RACHEL						