



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 ___ Expansion X Repair ___ Relocation ___ Relocation of Repair Area

Owner or Legal Representative Information: Rich Sherman

Name: New Home Inc,

Mailing address: 1611 Jones Franklin Rd. Suite 101 City: Raleigh State: NC Zip: 27606

Phone: 919-422-2838

Email: rich.sherman@newhomeinc.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: Duncan Creek - Lot 21

Site address: 295 Beacon Hill Rd.. - Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property: PIN# 0630-23-4881

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (b)

Daily Design Flow: 480 gallons/day

Saprolite System: ___ Yes X No Subsurface Operator Required: ___ Yes X No

Water Supply Type: ___ Private Well X Public Water Supply ___ Spring ___ Other:

Facility Type:

X Residential 4 # Bedrooms 8 Maximum # of Occupants

___ Business Type of Business and Basis for Flow: _____

___ Public Assembly Type of Public Assembly and Basis for Flow: _____

Requird Attachments:

x Plat or Siteplan

x Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 3rd day of June, 2025 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 3rd day of June 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature 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: _____

Duncann's Creek - Lot #21
4-Bedroom - 480 gallon/day Septic Design
295 Beacon Hill Road - Lillington NC
New Homes, Inc.
Harnett County PIN: 0630-23-4881
Repair Proposal

*Not a Survey
Sketched from a plot plan supplied by owner

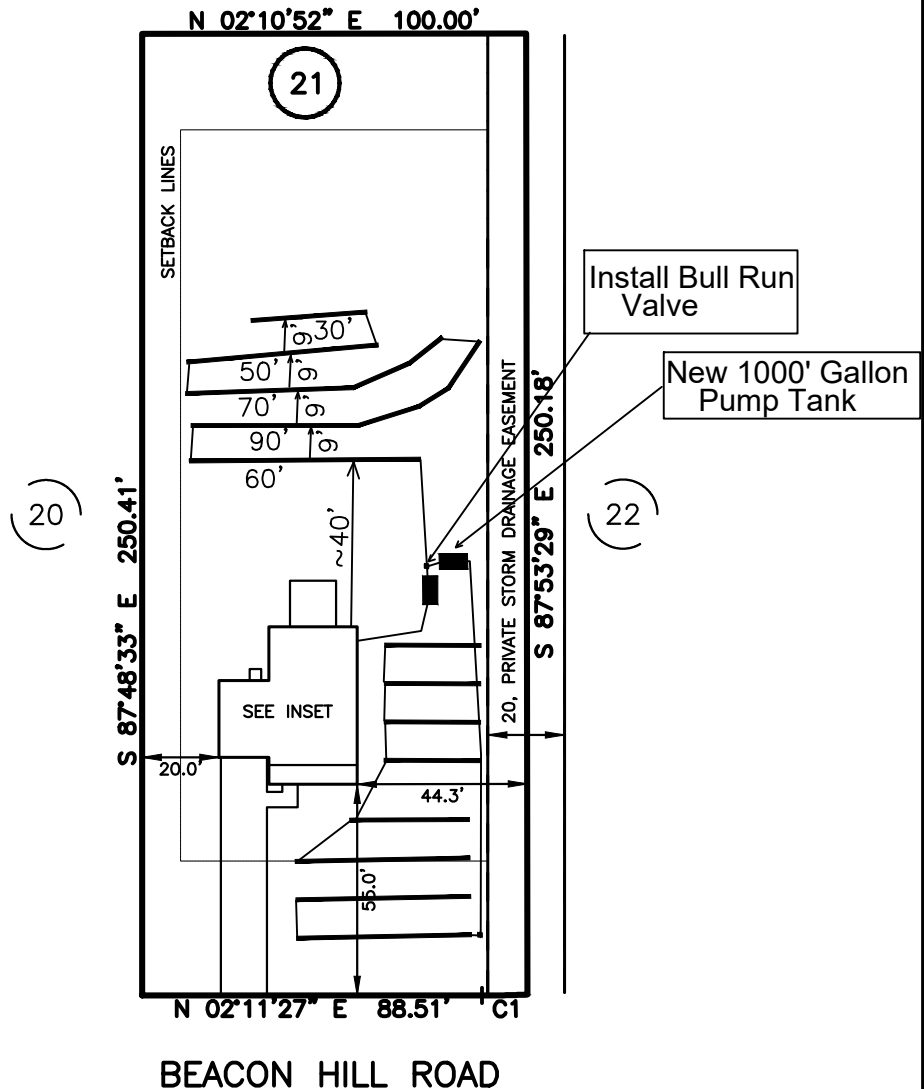
* Septic System may need to be reflagged following vegetation removal from system area.

Repair: Pump to serial
Lines: 250' of chamber system
0.5 LTAR
18" Max Trench Bottom

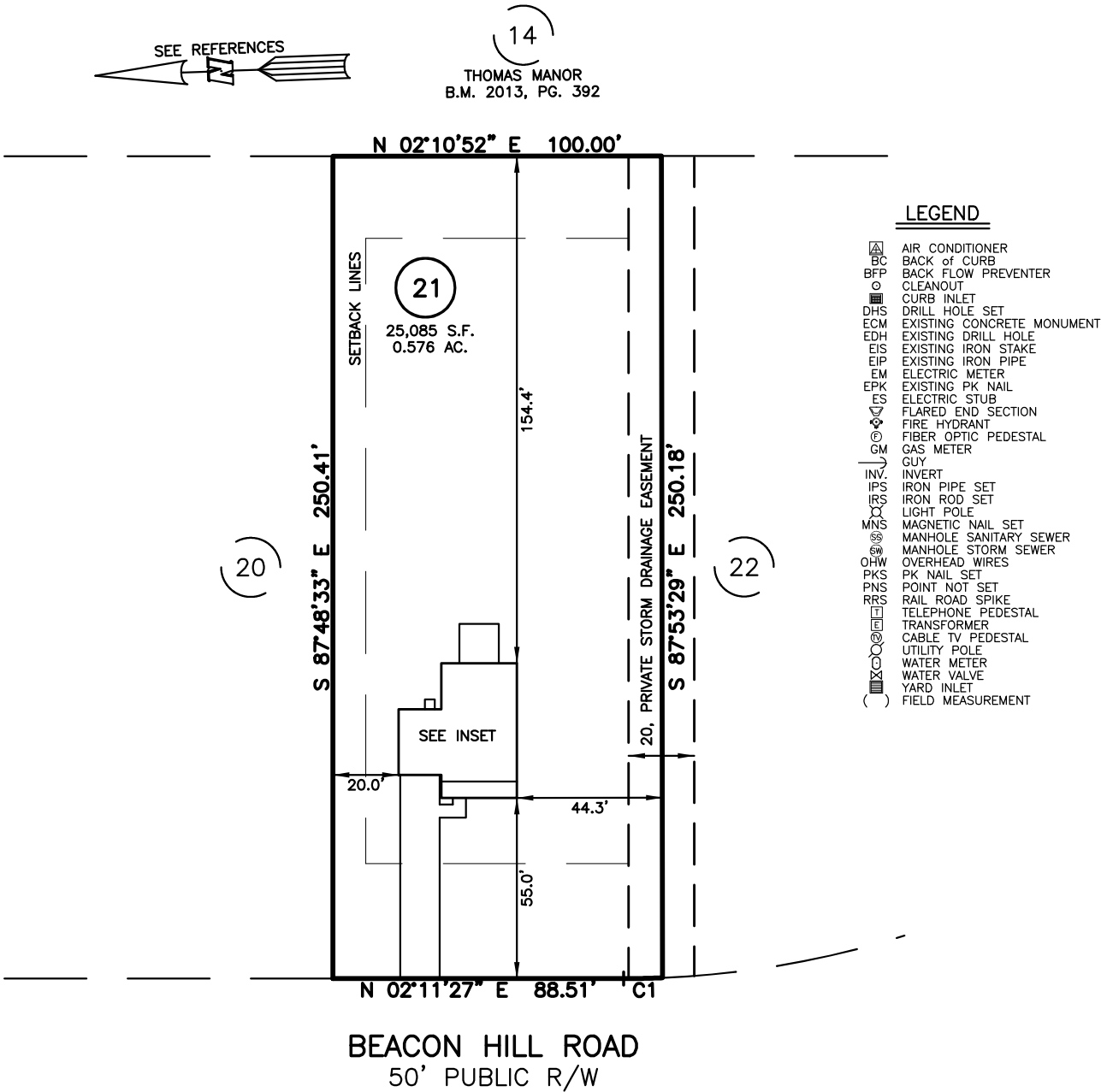
*Preconstruction conference required with installer and Alex Adams.

**1000 Gallon Septic and Pump 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
*Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

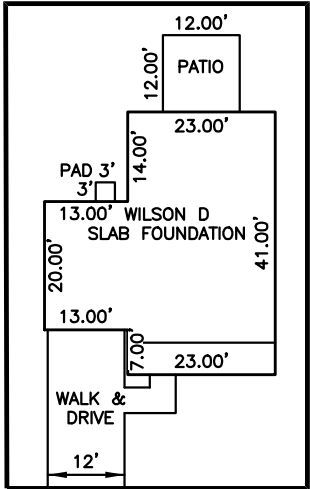
Adams
Soil Consulting
919-414-6761
Job #1769



PLOT PLAN FOR
NEW HOME, INC., LLC
295 BEACON HILL ROAD
LOT 21, DUNCAN'S CREEK, PHASE I
UPPER LITTLE CREEK TOWNSHIP, HARNETT COUNTY, NORTH CAROLINA



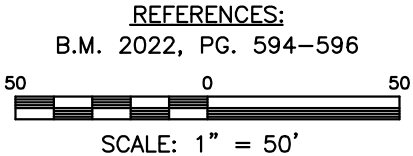
NUM	RADIUS	ARC	DELTA	CHORD BRG	CHORD
C1	285.00'	11.85'	2°22'55"	N 01°00'00" E	11.85'



IMPERVIOUS SURFACES	
HOUSE	1,200 S.F.
WALK & DRIVE	800 S.F.
PATIO	150 S.F.
TOTAL	2,150 S.F.

SETBACK INFO

FRONT:	35'
REAR:	25'
SIDES:	10'
CORNER SIDE:	20'
AGGREGATE SIDE:	20'



- NOTES**
- THIS SURVEY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.
 - THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

PLOT PLAN
PRELIMINARY PLAT- NOT FOR RECORDATION,
CONVEYANCE OR SALES

REV CODE: 1.FLIP, 2.PLAN, 3.ROTATE, 4.MOVE, 5.SS
6.SEVERAL OF ABOVE, 7.LAND FEATURE, 8. OTHER

REV1: AUG. 31, 2023(4)
DATE: AUG. 28, 2023

F.B. _____

RWK, PA
ENGINEERING ~ SURVEYING
CORPORATE LICENSE: C-1771
101 W. MAIN ST., SUITE 202
GARNER, NC 27529
PHONE (919) 779-4854
FAX (919) 779-4056

O:\Duncan's Creek\DNCK21\DUNCAN_CREEK_21.DWG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2025

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).

PRODUCER Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 E-MAIL ADDRESS: asensenig@wadeict.com FAX (A/C, No): (252) 649-2443
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # A1122J

COVERAGES**CERTIFICATE NUMBER: 25-26****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions			PSN0040221161	1/31/2025	1/31/2026	Each Occurrence \$1,000,000 General Aggregate \$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***XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

N Whitsett/RACHEL

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)