



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 ☐ Repair ☐ Relocation ☐ Relocation of Repair Area

Owner or Legal Representative Information: Cameron Addams

Name: Carroll Construction Homes, Inc

Mailing address: 63 Vernon Ct. City: Willow Spring State: NC Zip: 27592

Phone: 919-868-7700

Email: cameron.adams1087@gmail.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: Haven - Lot 27

Site address: 476 Placid Pond Drive-Broadway, NC 27505

Tax parcel identification number or subdivision lot, block number of property: PIN# 9598-40-1027

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (b)

Daily Design Flow: 360 gallons/day

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other:

Facility Type:

☒ Residential ☐ 3 # Bedrooms ☐ 6 Maximum # of Occupants

☐ Business Type of Business and Basis for Flow: _____

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

Required Attachments:

☒ Plat or Siteplan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 8th day of May, 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 8th day of May 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: _____

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

May 13, 2025
Project #2138

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

RE: 476 Placid Pond Dr – Broadway, NC - 3-bedroom Single Family Residence for
Ronnell Simmons (Harnett County PIN#9598-40-1027)

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 18E. From this evaluation, ASC is providing the attached septic system design for a new single-family home sized for a 360 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 360 gallons/day and utilizing Accepted Status system for the initial and a PPBPS (T&J Panel Block – 50% Reduction) 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 repair (if needed) 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 trench 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



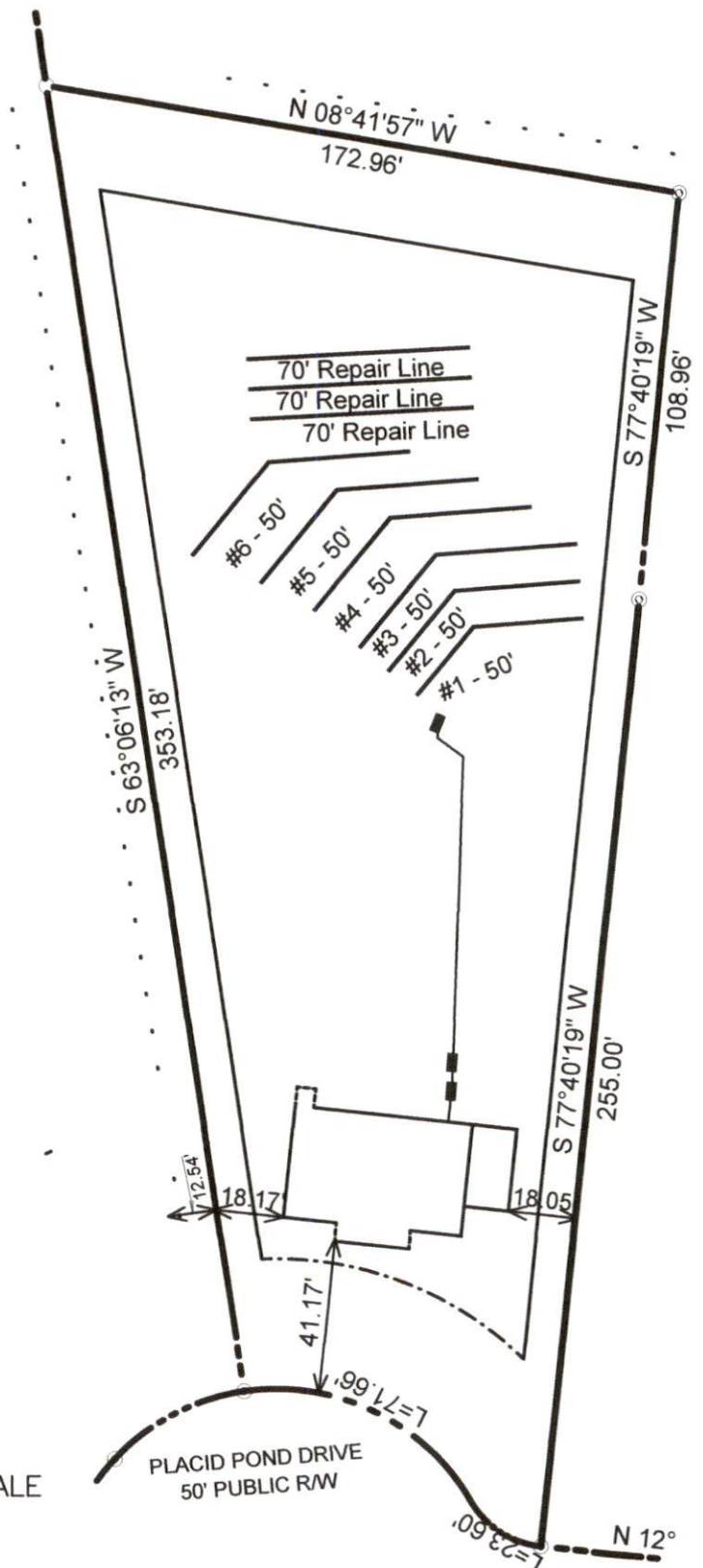
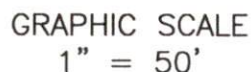
*Not a Survey
 Sketched from a plot plan supplied by owner

27

System: Pressure Manifold
Lines: 1-6 (300')
0.3 LTAR
15" Max Trench Bottom
Accepted Status System
Repair: Pressure Manifold
Lines: 7-6 (210')
0.3 LTAR
15" Max Trench Bottom
PPBPS - 50% reduction System

****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
*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 #2138
5-13-25



Lot #27 - Haven
Soil Boring Locations
Cameron Adams
Harnett County PIN: 9598-40-1027

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

CARROLL CONSTRUCTION
HOMES, INC
LOT 27 HAVEN S/D
NCPID: 039589 1034 34
PB: 2021, PG: 325
476 PLACID POND DR
BROADWAY, NC 27505

27

Profile Description #1
See Soil/Site Evaluation
Data Form

Profile Description #2
See Soil/Site Evaluation
Data Form

Profile Description #3
See Soil/Site Evaluation
Data Form

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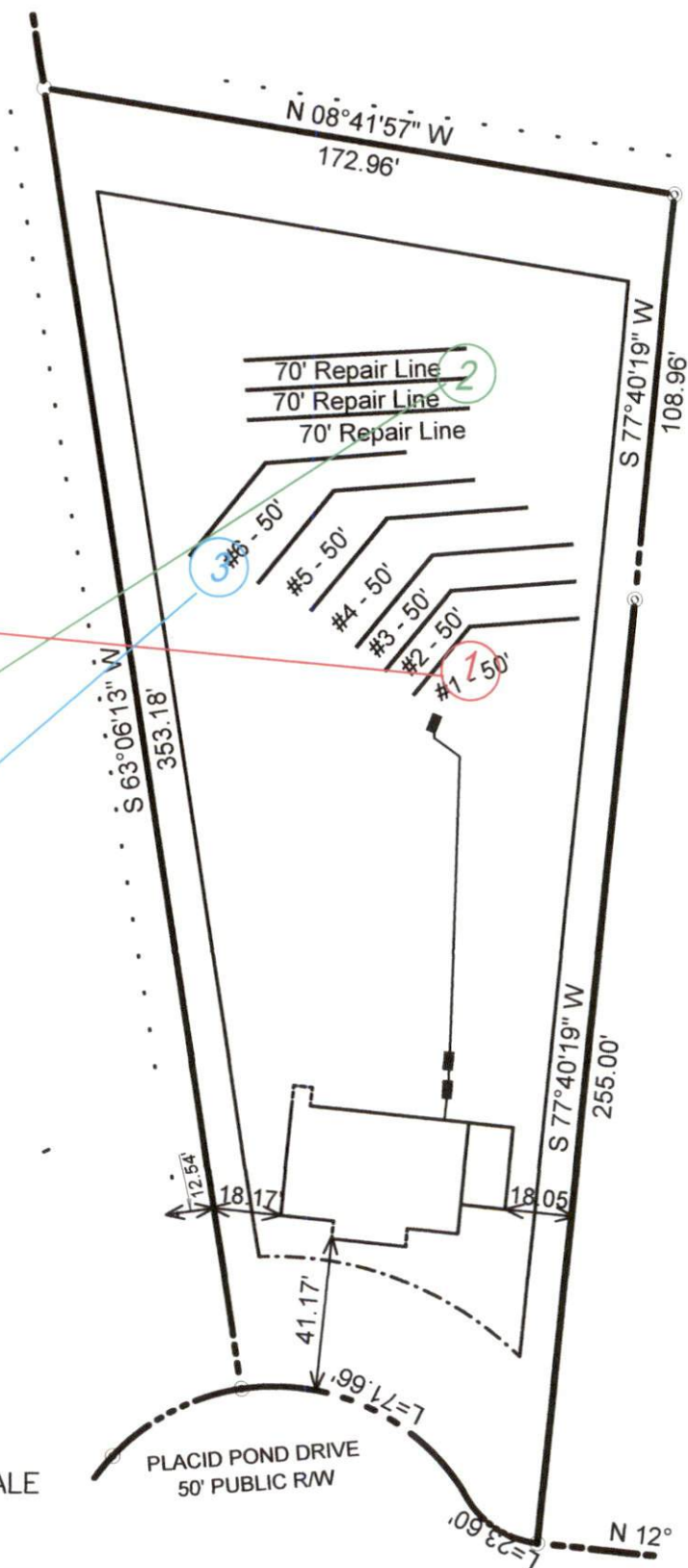
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*Contact local health dept. and/or Alex Adams prior to
or during installation with any questions or concerns.

Adams
Soil Consulting
919-414-6761
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GRAPHIC SCALE
1" = 50'



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

OWNER: Cameron Adams
 ADDRESS: 476 Placid Pond Drive
 PROPOSED FACILITY: Single Family 3-bedroom PROPOSED DESIGN FLOW (.1949): 360 gpd
 LOCATION OF SITE: 476 Placid Pond Drive - Broadway
 WATER SUPPLY: Public Water
 EVALUATION METHOD: Auger Boring

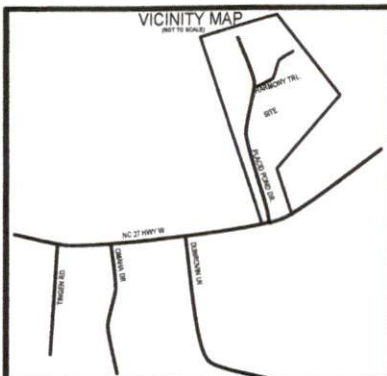
APPLICATION DATE:
 DATE EVALUATED:
 PROPERTY SIZE:

TYPE OF WASTEWATER: Sewage

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTLSE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/3%	0-30	SBK/SiC	Firm, SS, SP	N.O	30"	US	N.O	S - .3
2	Linear Slope/3%	0-28	SBK/SiC	Firm, SS, SP	N.O	28"	N.O	N.O	S - .3
3	Linear Slope/3%	0-30	SBK/SiC	Firm, SS, SP	N/A	30"	N.O	N.O	S- .3
4									

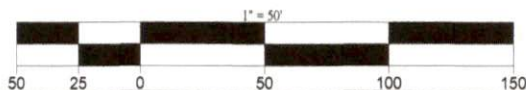
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III B	Type III B	
Site LTAR	0.3	0.3	

COMMENTS:
 Updated February 2014



MINIMUM BUILDING SETBACKS
 FRONT YARD -----35'
 REAR YARD -----25'
 SIDE YARD -----10'
 CORNER LOT -----20'

This survey in of another category,
 not for recordation sales or conveyances

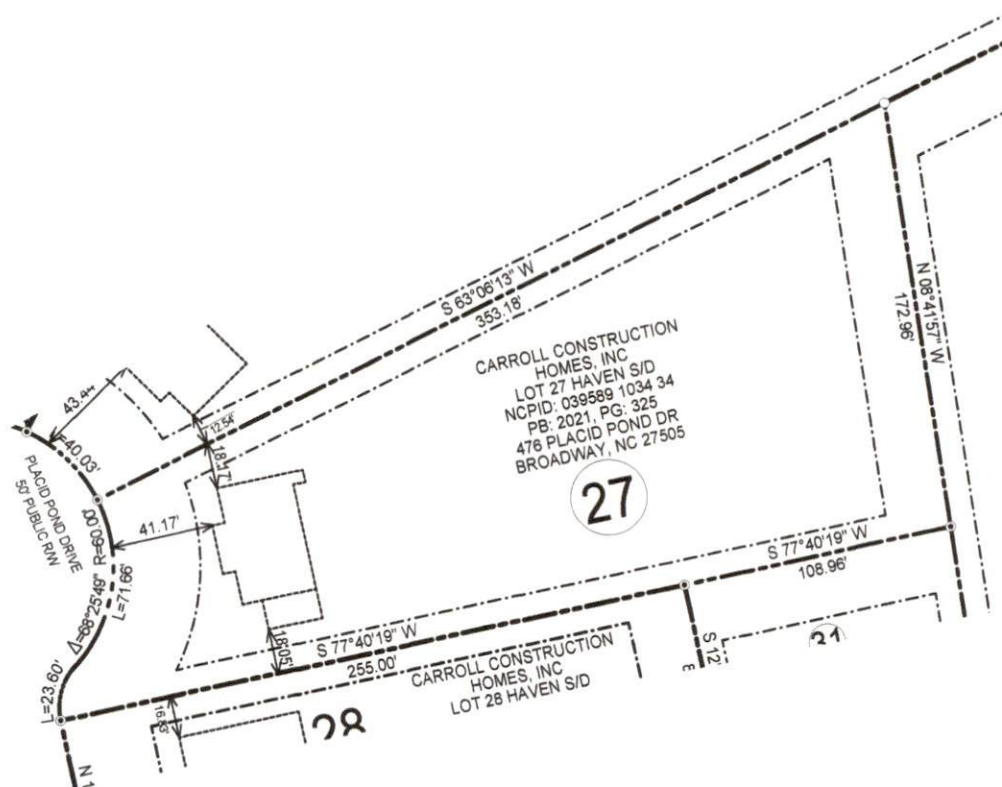


SURVEY OF	SITE PLAN SURVEY HAVEN SUBDIVISION, LOT 27	
	476 PLACID POND DR., BROADWAY, N.C. 27505	
	TOWNSHIP: BARBECUE	STATE: NORTH CAROLINA
	COUNTY: HARNETT	DATE: JUNE 6, 2024
ZONED R-20R	TAX PARCEL ID # 039589 1034 34	
OWNER: CARROLL CONSTRUCTION HOMES, INC 63 VERNON LANE WILLOW SPRINGS, NC 27592		

ON THE LEVEL .
 LAND SURVEYING, PLLC.

FIRM # P-2158
 JAMES LONNIE PEACOCK, PLS
 NC Reg. Land Surveyor No. L-5141
 1646 DENNING RD. BENSON, N.C 27504
 TELEPHONE: 919-422-3580

SCALE 1" = 50' FEET



LEGEND POB Point of Beginning

- New Iron Set
- Iron Pin Found
- Wooden Bollard
- Found Stone
- ▲ Found Stake and Stone
- Cotton Spindle Set
- ☒ Record Stone Not Found
- Property Lines
- Fence Line
- Centerline of Road
- Edge of Asphalt
- Woodline
- Edge of Concrete
- E- Overhead Electric



NOTES:

1. All EIS and EIPs are "Control Corners".
2. No NCGS Monuments found within 2000' of the Property.
3. All bearings are referenced to Plat Bk 2021, Pg 325 all distances are horizontal.
4. Deed references as noted on map.

CERTIFICATE OF OWNERSHIP and DEDICATION: I (we) certify that I am (we are) the owner (owners) or agent of the property shown and described hereon, that I (we) adopt this subdivision plan with my (our) free consent, establish the minimum building setbacks, and dedicate streets, alleys, walks, parks, and other sites and easements to public or private use as noted.

Date

Owner / Owners / Agent



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: asensenig@wadeict.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (252) 649-2443 NAIC # A1122J
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501		

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 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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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			PSW0040221161	1/31/2025	1/31/2026	Each Occurrence General Aggregate \$1,000,000 \$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

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ACORD 25 (2014/01)

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INS025 (201401)



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 476 Placid Pond Drive Broadway NC 27505 PIN: 039509 1034 34

LANDOWNER: Carroll Construction Homes Mailing Address: 63 Vernon Ct

City: Willow Spring State: NC Zip: 27592 Phone: _____ Email: _____

*Please fill out applicant information if different than landowner.

APPLICANT: G.C. Adams Construction, Inc Mailing Address: 10000 Raleigh Rd

City: Benson State: NC Zip: 27504 Phone: _____ Email: _____

PROPOSED USE:

☐ Single Family Dwelling: (Size 60' x 45') # Bedrooms: 3 # Baths: 2 Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: 1440 GARAGE SQ FT: 0 Foundation Type: Crawl Space: ☒ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ Modular: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____

☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Size _____ x _____) # Bedrooms: _____ Garage: Attached, Detached Accessory: Deck, Patio
(Circle One) (Circle One)

ZONING: _____

☐ Duplex: (Size _____ x _____) # Buildings: _____ # Bedrooms Per Unit: _____ TOTAL HTD SQ FT: _____

☐ Addition/Accessory/Other: (Size _____ x _____) Use: _____

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: _____ Manufactured Homes: _____ Other (specify): _____

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

5/15/2025
Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

APPLICATION CONTINUES ON BACK

Environmental Health Department Application for Improvement Permit and/or Authorization to Construct

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

☐ **NEW SEPTIC SYSTEM INSPECTION**

- **All property irons must be made visible.** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**

☐ **EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**
Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- ☐ Accepted ☐ Innovative ☐ Conventional ☐ Any ☐ Alternative
☐ Other POWE

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION:**

- YES ☐ NO ☒ Does the site contain any jurisdictional wetlands?
- YES ☐ NO ☒ Do you plan to have an irrigation system now or in the future?
- YES ☐ NO ☒ Does or will the building contain any drains? Please explain: _____
- YES ☐ NO ☒ Are there any existing wells, springs, waterlines, or wastewater systems on this property?
- YES ☐ NO ☒ Is any wastewater going to be generated on the site other than domestic sewage?
- YES ☐ NO ☒ Is the site subject to approval by any other Public Agency?
- YES ☐ NO ☒ Are there any easements or rights-of-way on this property?
- YES ☐ NO ☒ Does the site contain any existing water, cable, phone, or underground electric lines?
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

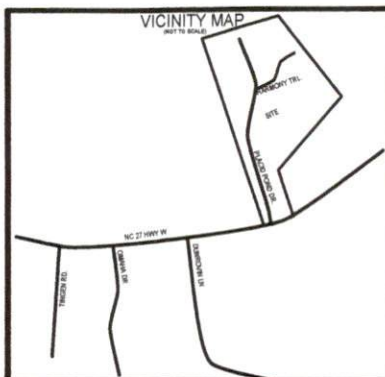
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.



Signature of Owner or Owner's Agent

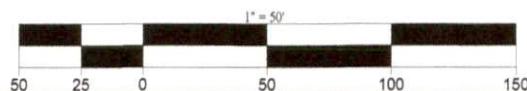
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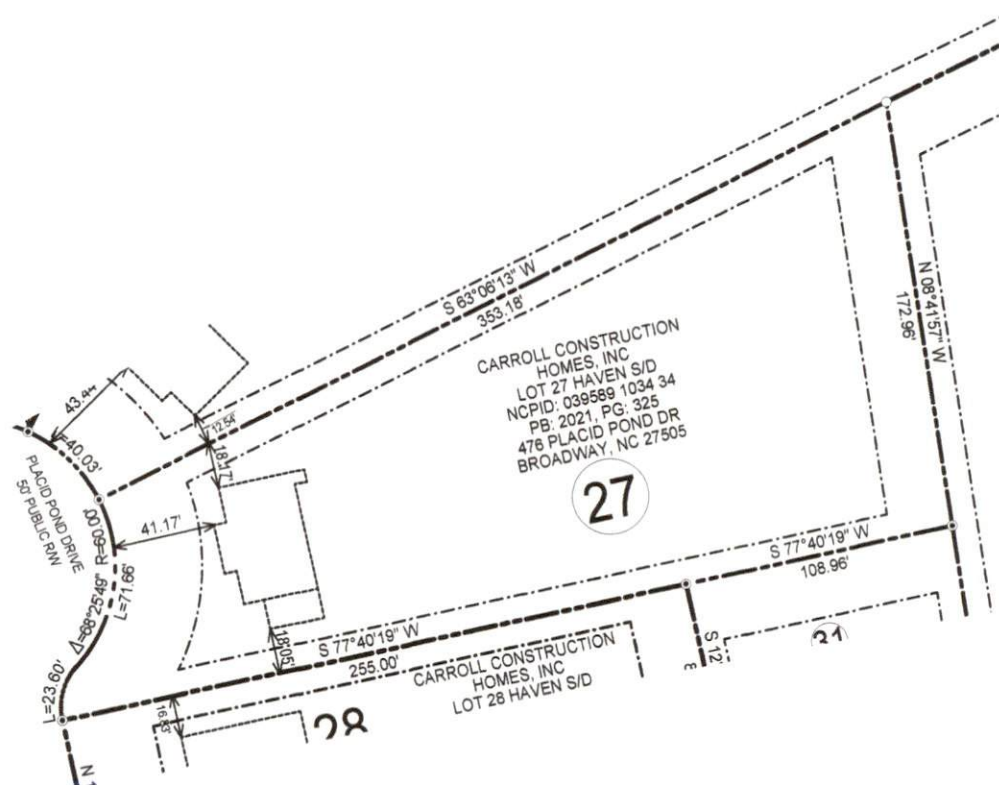


SURVEY OF	SITE PLAN SURVEY HAVEN SUBDIVISION, LOT 27 476 PLACID POND DR., BROADWAY, N.C. 27505	
	TOWNSHIP: BARBECUE	STATE: NORTH CAROLINA
COUNTY: HARNETT		DATE: JUNE 6, 2024
ZONED R-20R	TAX PARCEL ID # 039589 1034 34	
OWNER: CARROLL CONSTRUCTION HOMES, INC 63 VERNON LANE WILLOW SPRINGS, NC 27592		

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 NC Reg. Land Surveyor No. L-5141
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 TELEPHONE: 919-422-3580

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