



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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 ENGINEERED OPTION PERMIT
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 5-3-23 by JM
Date 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 _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Caruso Homes, Inc.

Authorized Signatory: James Rumley

Mailing address: 110 Horizon Drive, Suite 320 City: Raleigh State: NC Zip: 27615

Telephone number: 240-886-3229 E-mail Address: jrumley@carusohomes.com

2. Professional Engineer (PE) name: David Barcal, PE License number: 51201

Mailing address: P.O. Box 129 City: Morrisville State: NC Zip: 27560

Telephone number: (919) 467-1239 E-mail Address: david@macconnellandassoc.com

3. Licensed Soil Scientist (LSS) name: Jason Hall License number: 1248

Mailing address: 1900 South Main Street, Suite 110 City: Wake Forest State: NC Zip: 27588

Telephone number: 919-569-6407 E-mail Address: _____

4. Licensed Geologist (LG) (if applicable) name: _____ License number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

5. On-Site Wastewater Contractor name: David Brantley & Sons, Inc License number: 1036

Mailing address: 37 Pine Ridge Road City: Zebulon State: NC Zip: 27597

Telephone number: (252) 478-3721 E-mail Address: 1installer@gmail.com

6. 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:

PE LSS LG On-site Wastewater Contractor

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 1425 Baptist Grove Rd
County Name: Harnett
- 8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: Domestic wastewater loading will be typical of a single-family residence.
- 10. Type and location of proposed wastewater system: Initial System: Type III(b) Pressure Manifold system With (EZ-Flow) Repair System: Type III(b) Pressure Manifold With (EZ-Flow)
- 11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
Design wastewater strength: domestic high strength industrial process
- 12. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
- 13. 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 sapolite system. Yes No
- 14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 16. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, David Barcal, PE hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e).



5-03-2023
Date

This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, James Rumley hereby designate David Barcal, PE
Print Name of Owner Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

James Rumley authorized signor 5-3-23
Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner Print Name of Licensed PE

pursuant to G.S. 130A-336.1.

Signature of Owner Date

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 Engineer Option Permit [G.S. 130A-336.1(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.*

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 a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives 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 department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____
Date

via _____ 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.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

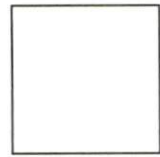
Copies of this signed form were sent to the design PE and the Owner on 5-5-23 via Email.
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 5-5-23 via Email.
Date Email, FAX, USPS, hand-delivered

James E Manhart James E Manhart 5-5-23
Print Name of Authorized Agent of the LHD Signature of Authorized Agent of the LHD Date

- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.

WORKSHOP



SEE INSET

40.0'

MUST HAVE RISERS

16.0'

210.3'

5" SW

B4

10 ORANGE 90'

9 BLUE 110'

8 PURPLE 110'

7 RED 110'

B2

B3

B5

268.4' B6

6 ORANGE 60'

5 PURPLE 70'

4 PINK 75'

3 YELLOW 75'

2 ORANGE 100'

1 BLUE 60'

B7

B8

12.0'

System:
 Repair:

System: Pressure Manifold
Lines: 7-10, (420')
Accepted Status System
0.30 Soil LTAR
20" Trench Bottom

Repair: Pressure Manifold
Lines: 1-6, (440')
Accepted Status System
0.30 Soil LTAR
24" Trench Bottom

S85°25'45"E 240.10'

GRAPHIC SCALE
1" = 50'



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
Lot 2, Baptist Grove Road
Harnett County, North Carolina

Job# : 4426
Drawn By : MS
Date : 04/20/2023
Revision:

**CCSC SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM**

Sheet:
Property ID:
Lot #: 2
File #:
AppID:

Owner: CARUSO HOMES
Address:
Proposed Facility: 4-Bedroom Design Flow (.1949) 480 gal/day
Location of Site: Baptist Grove Road
Water Supply: Public Individual Well Spring Other
Evaluation Method: Auger Boring Pit Cut
Type of Wastewater: Sewage Industrial Process Mixed

Applicant:
Date Evaluated: 4/11/2023
Property Size:
Property Recorded: Yes

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS 12%	AE 0-6	GR SL	VFR NS NP SEXP	48				PS 0.30
		Bt 6-38	SBK C	FR SS SP SEXP					
		BC 38-48	W-SBK CL	FR SS SP SEXP					
2	LS 12%	Bt1 0-5	SBK CL	FR SS SP SEXP	38				PS 0.30
		Bt2 5-28	SBK C	FR SS SP SEXP					
		BC 28-38	W-SBK CL	FR SS SP SEXP					
		C 38+							
3	LS 10%	AE 0-5	GR SL	FR SS SP SEXP	48				PS 0.30
		Bt 5-28	SBK C	FR SS SP SEXP					
		BC 28-48	W-SBK CL	FR SS SP SEXP					
4	LS 12%	AE 0-10	GR SL	VFR NS NP SEXP	48				PS 0.30
		Bt 10-42	SBK C	FR SS SP SEXP					
		BC 37-48	W-SBK CL	FR SS SP SEXP					
5	LS 6%	AE 0-6	GR SL	VFR NS NP SEXP	48				PS 0.30
		Bt 6-37	SBK C	FR SS SP SEXP					
		BC 37-48	W-SBK CL	FR SS SP SEXP					

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	III B	III B
Site LTAR	0.30	0.30

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Michael Seewald
Others Present:

COMMENTS:

FILE #:

<u>Landscape Position</u>	<u>Group</u>	<u>Texture</u>	<u>.1955 LTAR</u>	<u>Structure</u>
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay		PR-Prismatic
T-Terrace		Loam		
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay		
		Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence**Moist**

VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence**Wet**

NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy

SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2022

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 have ADDITIONAL INSURED provisions or 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 Harris & Company - Cary Office 215 E Chatham St. Suite 120 Cary NC 27511		CONTACT NAME: Chris Ham PHONE (A/C, No, Ext): (919)467-8126 E-MAIL ADDRESS: chris@hc1935.com FAX (A/C, No): (919)467-8175	
INSURED MacConnell & Associates PC Po Box 129 Morrisville NC 27560-0129		INSURER(S) AFFORDING COVERAGE INSURER A: ERIE Insurance Exchange INSURER B: Continental Casualty Co INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q97-0842712	11/04/2022	11/04/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q97-0842712	11/04/2022	11/04/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q31-1070288	07/10/2022	07/10/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	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	N/A	Q91-1000820	07/10/2022	07/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability & Pollution Incident Liability Insurance			AEH591893132	09/17/2022	09/17/2023	Each Claim \$2,000,000 Aggregate \$2,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Engineer, Policy Forms and Endorsements Apply

CERTIFICATE HOLDER**CANCELLATION**

This Certificate is for Informational Purposes Only. Certificate Holder Name and Address Needed to Validate.	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 <i>Christal D. Ham</i>

Fax: Email:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2023

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).

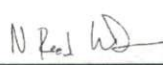
PRODUCER Wade Associates, LLC 250 Pollock St. New Bern NC 28560		CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 E-MAIL ADDRESS: asensenig@wadeict.com FAX (A/C, No): (252) 649-2443	
INSURED Central Carolina Soil Consulting PLLC 1900 S. Main St. Ste. 110 Wake Forest NC 27587		INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 38970

COVERAGES CERTIFICATE NUMBER: 23-24 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors and Omissions/ Professional Liability			MEO112305	2/1/2023	2/1/2024	General Aggregate \$3,000,000 Each Occurrence \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER *FOR INFORMATIONAL PURPOSES ONLY* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CANCELLATION 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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P.O. Box 129
Morrisville, NC 27560
Phone: 919-467-1239



MACCONNELL
& ASSOCIATES, P.C

501 Cascade Pointe Lane
Suite 103
Cary, NC 27513
Fax: 919-319-6510

May 2, 2023

Re: Caruso Homes
1425 Baptist Grove Rd
Harnett County, North Carolina
MacConnell & Associates Project Number: A73268.00

To Whom it May Concern:

This letter accompanies the EOP septic Application for 1425 Baptist Grove Rd in Harnett County, North Carolina. To satisfy requirement 12 of the application pertaining to regulation G.S. 130A 334(7a), a plat was submitted with all application documentation. Although the submitted plat does not provide all items per regulation G.S. 130A 334(7a), in my professional opinion, it does satisfy the intent of said regulation because it is being submitted concurrently with a site plan based on information provided by the plat surveyor which includes the proposed wastewater system, water supply (when applicable), and related appurtenances.

Thank you for your consideration for this EOP septic Application. If you have any questions or require additional information, please contact me at (919) 467-1239.

Sincerely,

David C. Barcal, PE
Project Manager



P. # F. S. to 115C



- LEGEND**
- Lines Surveyed
 - Lines Not Surveyed
 - EP/EB --- Existing from Plans or Blot Control Corner
 - ECM --- Existing Concrete Monument
 - SE --- True Sideset
 - PKN --- P. K. Nail
 - DMD --- Double Meridian Distance
 - R/W --- Right of Way
 - DB --- Dead Book
 - CM --- Concrete Monument
 - ELS --- Existing Limestone Stake

NORTH CAROLINA
HARNETT COUNTY

I, Thomas Lester Stanchil, certify that this plat was drawn under my supervision from fact of actual survey made under my supervision (said description recorded in Book 338, page 48, etc.) (to wit), that the extent of precision as calculated by latitude and departures is 1:10,000, that the boundaries not surveyed are shown as broken lines obtained from information found in Book 338, page 48, that this plat was prepared in accordance with G. S. 47-30 as amended, witness my original signature, registration number and seal this 25th day of December, A.D. 1998.

Thomas Lester Stanchil
Surveyor
L-152
Registration Number

I HEREBY CERTIFY THAT THIS IS A SURVEY OF AN EXISTING PARCEL OF LAND.

THOMAS LESTER STANCHIL, P.A.
a Notary Public of the County and State of North Carolina, do hereby certify that I, Thomas Lester Stanchil, a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument, witness my hand and official stamp in seal, this 25th day of December, 1998.

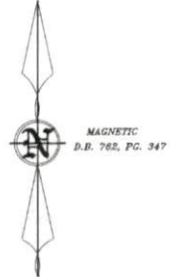
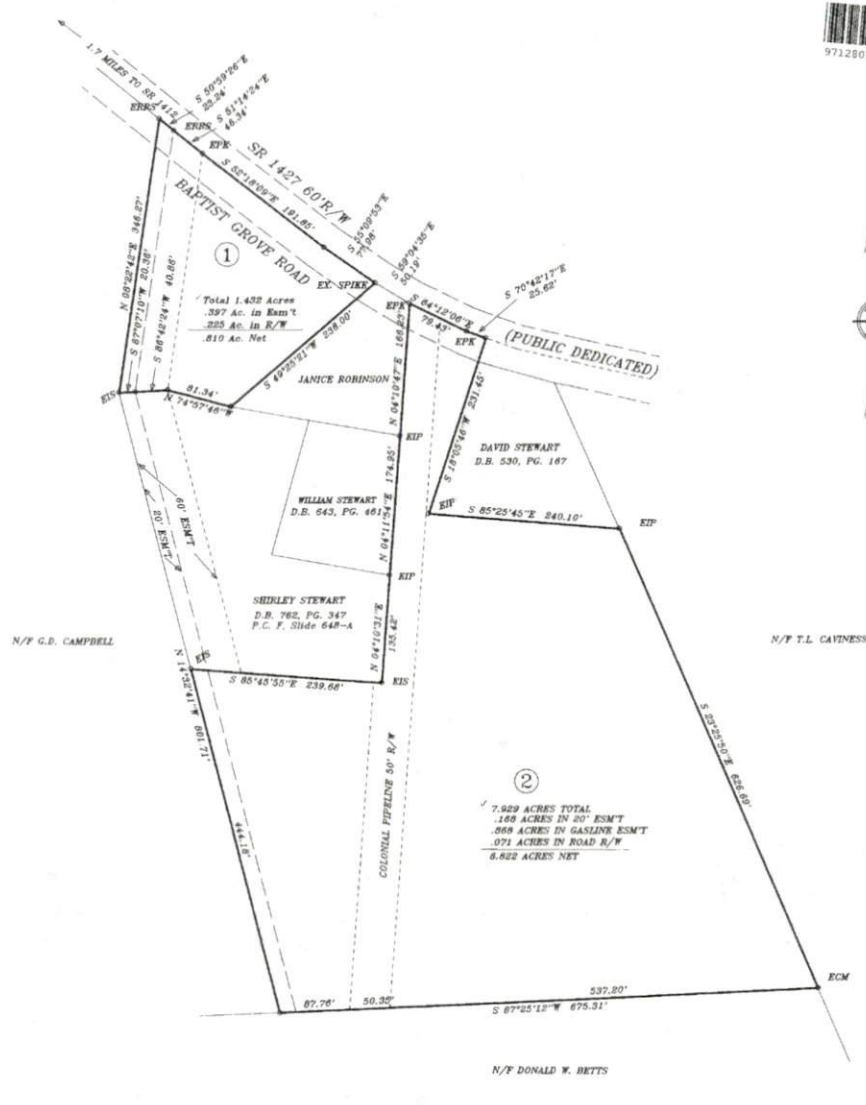
Nancy S. Stanchil
Notary Public
Commission expires 7-9-99

NORTH CAROLINA
HARNETT COUNTY

The foregoing certificate of NANCY S. STANCHIL, Notary Public, is certified to be correct. This instrument was prepared for registration and recorded on this 25th day of December, 1998 at 5:45 p.m.

Janice P. Holder vs. *Judi C. Smith*
Register of Deeds Deputy Reg. of Deeds

Recorded in Harnett County Plat Cabinet F, Slide 778-C



REVISIONS	PROPERTY OF		STANCIL & ASSOCIATES, Registered Land Surveyor, P.A. P. O. Box 730, Angier, N.C. 27801 910-630-2153		
	BESSIE ROBINSON ESTATE RT. 2 BOX 232, FUQUAY VARINA N.C. 27526		DATE: 12-05-98	SURVEYED BY: CS	FIELD BOOK 30-N
TOWNSHIP: HECTORS'S CREEK COUNTY: HARNETT		STATE: NORTH CAROLINA	SCALE: 1"=100'	DRAWN BY: JRR	DRAWING NO. LHHC-664
ZONE: RA-30 TAX MAP: 08-0643-0030		CHECKED & CLOSURE BY:			

P. # F. S. to 778C