



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@bcsol.com

Site Location Information: Haven - Lot 26

Site address: 486 Placid Pond Drive-Broadway, NC 27505

Tax parcel identification number or subdivision lot, block number of property: PIN# 9598-40-2411

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 08th 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 08th 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**

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May 13, 2025  
Project #2138

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

RE: 486 Placid Pond Dr – Broadway, NC - 3-bedroom Single Family Residence for  
Ronnell Simmons (Harnett County PIN#9598-40-2411)

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





# Haven Lot 26 3 BR Harnett County

House footprint to be field staked by surveyor  
and system verified prior to any construction

\*Septic area must not be altered by  
construction activities.

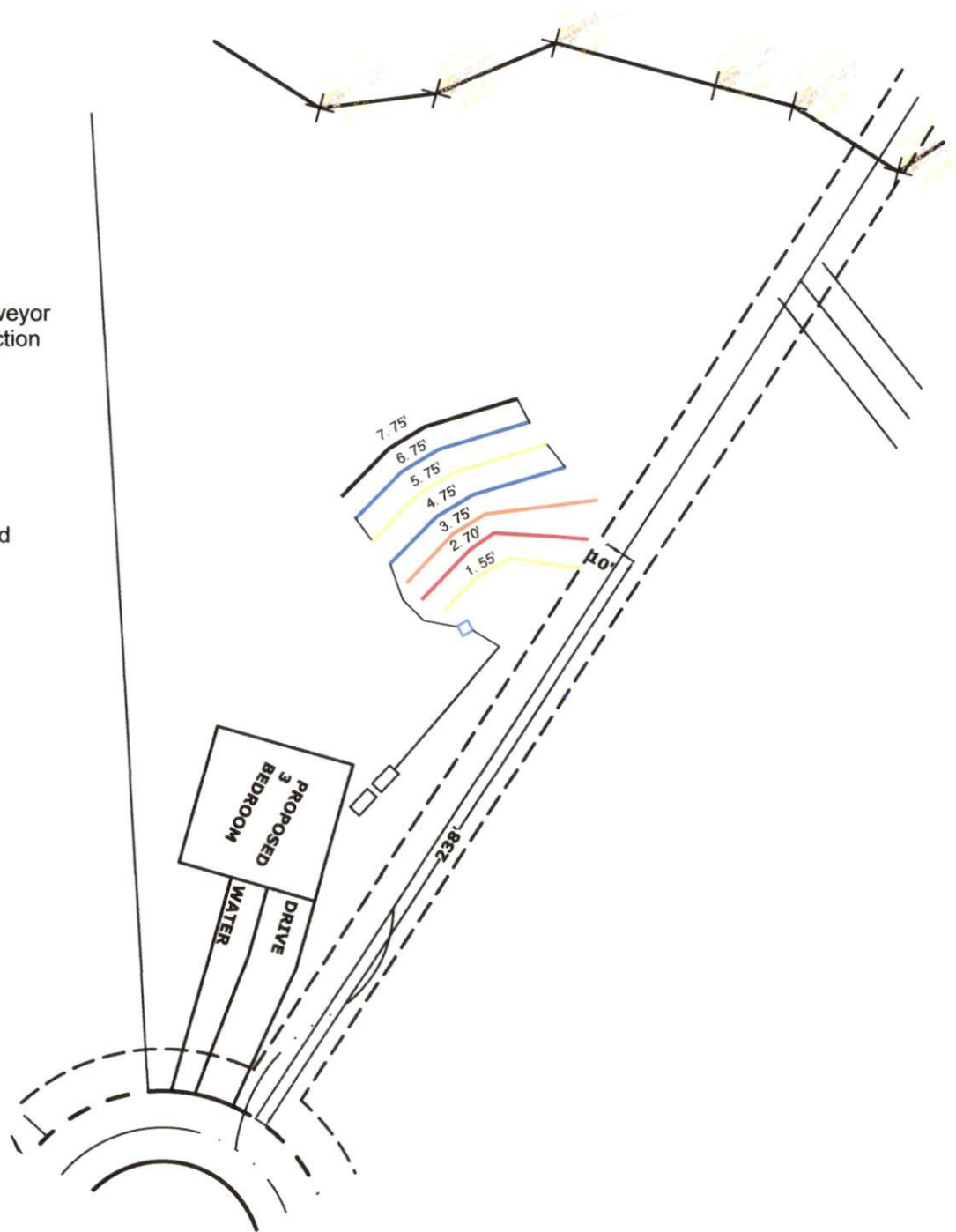
\*\*No cuts of 2' or greater within  
within 15' of septic area

\*\*\* Recommend protective barrier around  
septic field during construction.

Minimum of 6" of soil cover  
to be required over drain  
field.

INITIAL: 12" TB  
Lines 4-7 (300')  
Accepted Status  
Gravity Serial  
REPAIR: 14" TB  
Lines 1-3 (200')  
PPBPS  
Pressure Manifold

Adams  
Soil Consulting  
919-414-6761



APPROX SCALE 1"=60'

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

OWNER: Cameron Adams  
 ADDRESS: 486 Placid Pond Drive  
 PROPOSED FACILITY: Single Family 3-bedroom PROPOSED DESIGN FLOW (.1949): 360 gpd  
 LOCATION OF SITE: 486 Placid Pond Drive - Broadway  
 WATER SUPPLY: Public Water  
 EVALUATION METHOD: Auger Boring

APPLICATION DATE:  
 DATE EVALUATED:  
 PROPERTY SIZE:

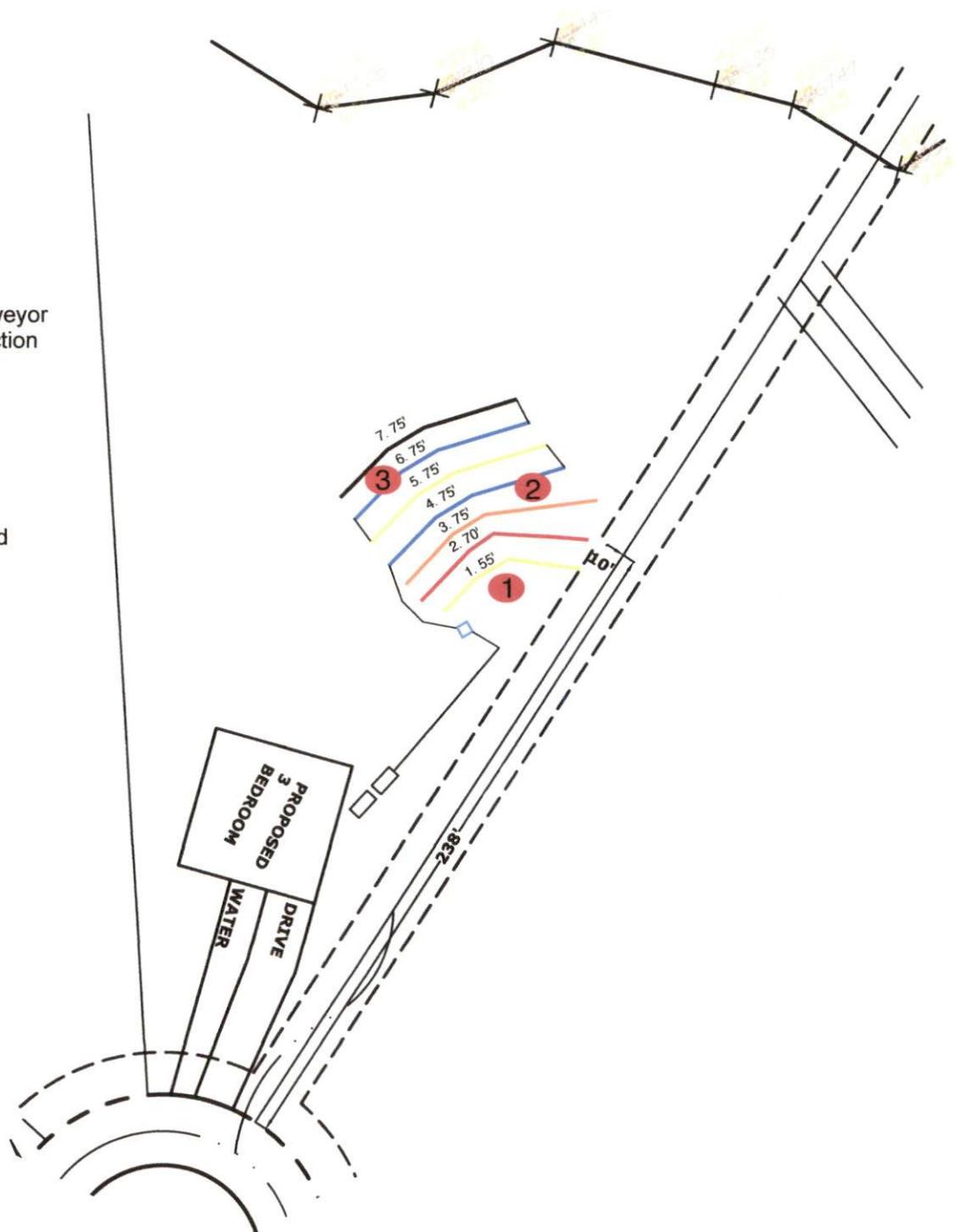
TYPE OF WASTEWATER: Sewage

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%	0-26	SBK/SiC	Firm, SS, SP	N.O	26"	US	N.O	S - .3
		26+ CR							
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

# Haven Lot 26 3 BR Harnett County



House footprint to be field staked by surveyor and system verified prior to any construction

\*Septic area must not be altered by construction activities.

\*\*No cuts of 2' or greater within 15' of septic area

\*\*\* Recommend protective barrier around septic field during construction.

pump tank will be required  
septic field.

**INITIAL:**  
Lines 4-7 (300')  
Accepted Status  
Gravity Serial  
**REPAIR:**  
Lines 1-3 (200')  
PPBPS  
Pressure Manifold

Adams  
Soil Consulting  
919-414-6761

**APPROX SCALE 1"=60'**







# 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	CONTACT NAME: Angela Sensenig
Wade Associates, LLC	PHONE (A/C, No, Ext): (252) 631-5269
250 Pollock St.	FAX (A/C, No): (252) 649-2443
	E-MAIL: asensenig@wadeict.com
	ADDRESS:
	INSURER(S) AFFORDING COVERAGE
New Bern NC 28560	INSURER A: Lloyd's of London
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
INSURED	NAIC #
Alex Adams, DBA: Adams Soil Consulting	A1122J
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						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions			PSW0040221161	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



## RESIDENTIAL LAND USE APPLICATION

**SITE ADDRESS:** 486 Placid Pond Dr Broadway NC 27505 **PIN:** 039589 1034 33  
**LANDOWNER:** Carroll Construction Homes **Mailing Address:** 63 Jernan Ct  
**City:** Willow Springs **State:** NC **Zip:** 27504 **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\*Please fill out applicant information if different than landowner.

**APPLICANT:** G.L. Adams Construction Inc **Mailing Address:** 1000 Raleigh Rd  
**City:** Perkasie **State:** NC **Zip:** 27504 **Phone:** 919-868-7700 **Email:** \_\_\_\_\_

### PROPOSED USE:

☐ **Single Family Dwelling:** (Size 48 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 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

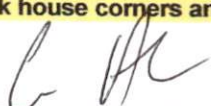
If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

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

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:**

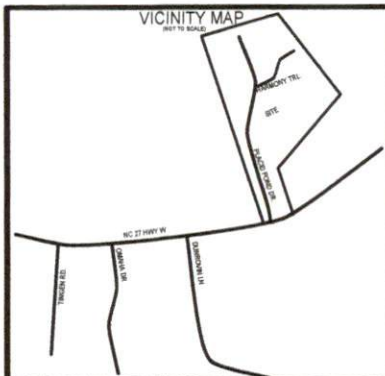
- YES ☐ NO ☒ Does the site contain any jurisdictional wetlands?
- YES ☐ NO ☒ Do you plan to have an irrigation system now or in the future?
- YES ☐ NO ☒ Does or will the building contain any drains? Please explain: \_\_\_\_\_
- YES ☐ NO ☒ Are there any existing wells, springs, waterlines, or wastewater 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

5/15/2025  
\_\_\_\_\_  
Date



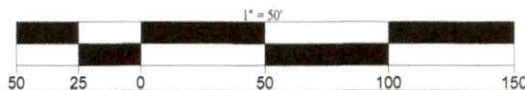


MINIMUM BUILDING SETBACKS  
 FRONT YARD -----35'  
 REAR YARD -----25'  
 SIDE YARD -----10'  
 CORNER LOT -----20'

# **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
- Overhead Electric

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

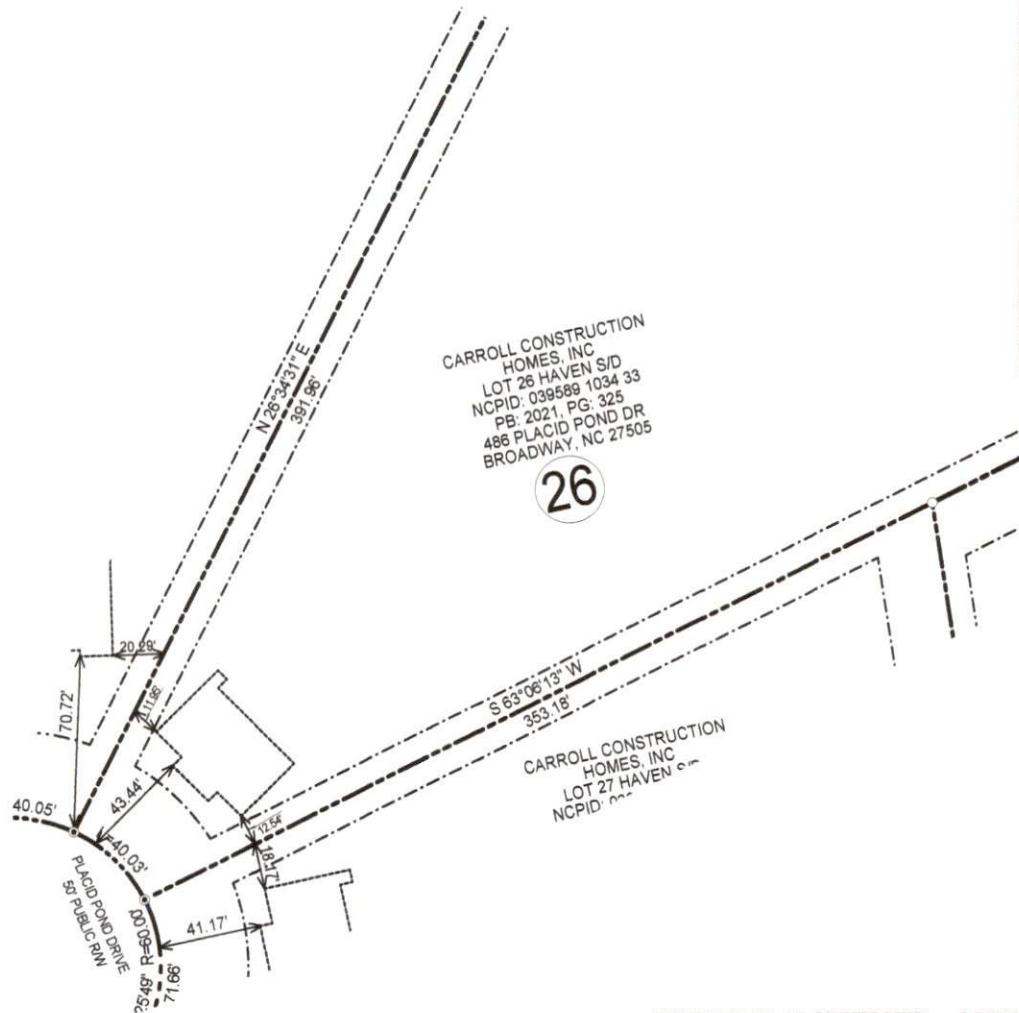


SURVEY OF	SITE PLAN SURVEY HAVEN SUBDIVISION, LOT 26 486 PLACID POND DR., BROADWAY, N.C. 27505	
	TOWNSHIP: BARBECUE	STATE: NORTH CAROLINA
	COUNTY: HARNETT	DATE: JUNE 6, 2024
ZONED R-20R	TAX PARCEL ID # 039589 1034 33	
OWNER: CARROLL CONSTRUCTION HOMES, INC 63 VERNON LANE WILLOW SPRINGS, NC 27592		

## **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



### **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