



**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: 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:
 Site address: 105 Beacon Hill Rd.. - Lillington, NC 27546
 Tax parcel identification number or subdivision lot, block number of property: PIN# 0630-24-5811
 County: Harnett

System Information: Accepted Status
 Wastewater System Type: Type III (b)
 Daily Design Flow: 480 gallons/day
 Sapro-lite System: Yes No Subsurface Operator Required: Yes No
 Water Supply Type: Private Well Public Water Supply Spring Other:

Facility Type:
 Residential # Bedrooms 4 8 Maximum # of Occupants
 Business Type of Business and Basis for Flow: _____
 Public Assembly Type of Public Assembly and Basis for Flow: _____

Require Attachments:
 Plat or Siteplan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 28th day of March, 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 28th day of March 2029.

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: _____



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 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
	INSURER(S) AFFORDING COVERAGE	
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501	INSURER A: Markel Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 24-25

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	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Errors & Omissions			MEO1118-06	1/31/2024	1/31/2025	General Aggregate	\$1,000,000
							Each Occurrence	\$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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

March 28, 2024
Project #1769

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

RE: Duncan’s Creek -Lot #11 – 105 Beacon Hill Road – Lillington, NC - 4-bedroom
Single Family Residence

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 pits and hand augers 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 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 a low-profile chamber 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



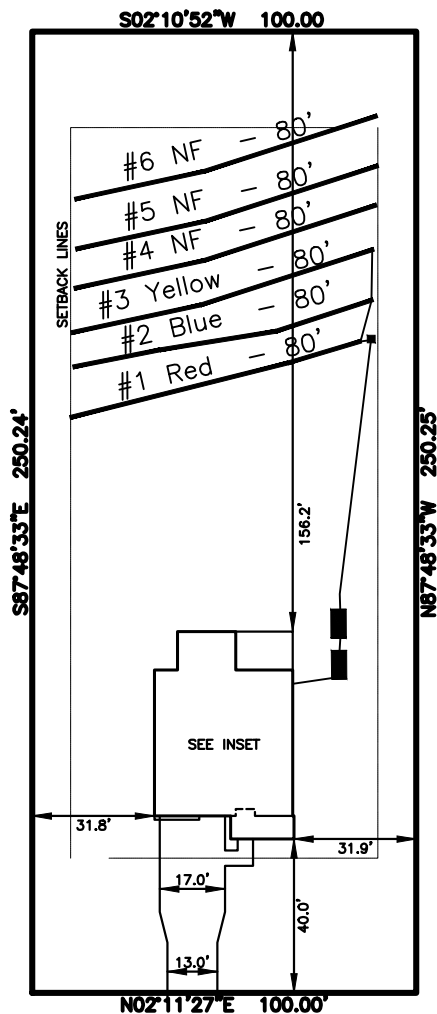
Duncann's Creek - Lot #11
 4-Bedroom - 480 gallon/day Septic Design
 105 Beacon Hill Road - Lillington NC
 New Homes, Inc.
 Harnett County PIN: 0630-24-5811

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

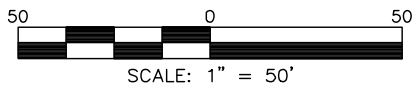
System: Pump to serial distribution
 Lines: 1-3 (240')
 0.6 LTAR
 24" Max Trench Bottom
 Accepted Status System (Chambers)
 Repair: Gravity to D-Box
 Lines: 4-6 (300')
 0.6 LTAR
 24" Max Trench Bottom
 Accepted Status System

**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
 3-28-24



11
 25,025 S.F.
 0.574 AC.



BEACON HILL ROAD
 50' PUBLIC R/W

Duncann's Creek - Lot #11

Soil Pit Locations

105 Beacon Hill Road - Lillington NC

New Homes, Inc.

Harnett County PIN: 0630-24-5811

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

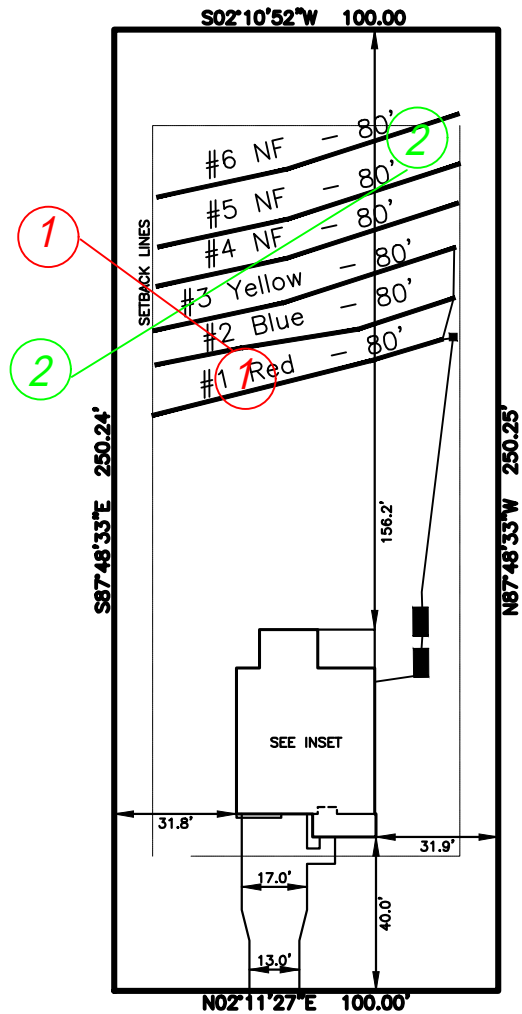
System: Pump to serial distribution
 Lines: 1-3 (240')
 0.6 LTAR
 24" Max Trench Bottom
 Accepted Status System (Chambers)
 Repair: Gravity to D-Box
 Lines: 4-6 (240')
 0.6 LTAR
 24" Max Trench Bottom
 Accepted Status System

Profile Description #1
 See Soil/Site Evaluation
 Data Form

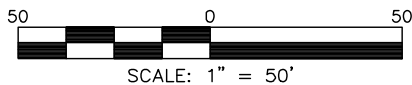
Profile Description #2
 See Soil/Site Evaluation
 Data Form

**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.

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11
 25,025 S.F.
 0.574 AC.



BEACON HILL ROAD
 50' PUBLIC R/W

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

OWNER: New Home Inc, APPLICATION DATE:
 ADDRESS: Duncan's Creek – Lot 11 – 105 Beacon Hill Road. – Lillington, NC DATE EVALUATED: 2-20-24
 PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ~0.57 acres
 LOCATION OF SITE: Duncan's Creek – Lot 11 – 105 Beacon Hill Road. – Lillington, NC
 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.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Ridge/7%	0-18	GR/S	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.8
		18-60+	SBK/LS	FI/SEXP/SS					
2	Ridge/7%	0-23	GR/S	FR/SEXP/NS	N/A	N/A	N/A	N/A	PS/0.8
		23-60+	SBK/LS	FI/SEXP/SS					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	>5,000 ft ²	>5,000 ft ²	
System Type(s)	Type III (b)	Type III (b)	
Site LTAR	0.35	0.35	

COMMENTS: Large percentage of small stone and gravel in profile but deemed to be less than 50% in the trench installation area and below.

