



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:
 Name: Dream Finders Home
 Mailing address: 3709 Raeford Rd City: Fayetteville State: NC Zip: 28304
 Phone: 910-486-4864 Email: tamaragreen@dreamfindershomes.com

Authorized Onsite Wastewater Evaluator Information:
 Name: Thomas Boyce, LSS, AOWE Certification #: 10006E
 Mailing address: PO Box 865 City: West End State: NC Zip: 27376
 Phone: (910)295-1899 Email: info@owpnc.com

Site Location Information:
 Site address: 241 Bunting Drive Lillington, NC 27546
 Tax parcel identification number or subdivision lot, block number of property: 03958902 1021
 County: Harnett

System Information:
 Wastewater System Type: III(g)- PPBPS (Vertical)
 Daily Design Flow: 480
 Saprilit System: Yes No Subsurface Operator Required: Yes No
 Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 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: _____



Required Attachments:
 Plat or Site Plan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 26 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 26 day of March, 2029.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J Boyce
 Signature of Owner or Legal Representative: Blake D Dickerhoff

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: REHS Date: 4-16-24

NCLSS #1241
AOWE #10006E
Thomas Boyce, LSS, REHS, AOWE
Marlin Wastewater Services, LLC



(910)999-PUMP
www.mseptic.com
info@mseptic.com
PO Box 865, West End NC, 27376

AOWE/SL2022-11 Permit Requirements

- Pre-construction conference with septic contractor required before beginning installation.
- It is the responsibility of the contractor to contact the AOWE prior to installation.
- Systems shall not be installed in wet conditions or the permit will be revoked.
- Any changes to the proposed plans must be approved by the AOWE.
- The client/owner is responsible for marking any property lines and corners.
- Do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the designated septic area or repair area. These activities may void your permit.
- The contractor is responsible for ensuring that the septic system is installed in the proper location and that all setbacks are met. See NCAC 18A . 1950 for setback requirements. The contractor is responsible for ensuring that the septic system is installed in accordance with local rules in counties where this is applicable.
- The system installation must be inspected by the local health department at certain stages during the installation.
- For systems with pumps, the contractor is responsible for the proper installation of the electrical components. An electrical permit must be obtained and a person with a valid NC Electrical license must provide electrical service to the pump controller and alarm.
- This permit shall become invalid and/or may be revoked if the site is altered. There shall be no grading, cutting, logging or other soil disturbance in the septic area. Design does not guarantee functionality or future performance.
- The contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water. After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken areas, stabilization, and final landscaping of the ground surface. No heavy equipment or vehicular traffic over the leach field.
- Installer to re-establish field layout prior to pre-construction conference for initial and repair systems as applicable.
- Tanks must be leak tested by the manufacturer.
- Installer must be certified by NCOWCICB at appropriate grade level for system.
- Installer must carry adequate general liability insurance.

Additional Requirements:

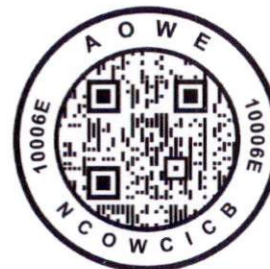
Maintenance Requirements:

System should be maintained in accordance with NCAC 18A .1961 -
The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Owner/Client Acknowledgement of Permit Requirements

Blake D Dickerhoff
Owner Signature

04 / 01 / 2024
Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2023

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 Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst NC 28374-7930	CONTACT NAME: Kelli R. Starr	FAX (A/C. No.): (910)295-8980	
	PHONE (A/C. No. Ext): (910)295-1121	E-MAIL ADDRESS: kelli@rineyagency.com	
INSURED Marlin Wastewater Services, LLC P.O. Box 865 West End NC 27376-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Erie Insurance Company		26263
	INSURER B: Erie Insurance Exchange		26271
	INSURER C:		
	INSURER D:		
	INSURER E:		

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			Q61-0188942	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			Q61-0188942	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	Q91-0104617	07/01/2023	07/01/2024	<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
A	Contractor's Errors & Omissions			Q61-0188942	07/01/2023	07/01/2024	Each Occurrence 1,000,000 Aggregate 1,000,000 Deductible 1,000

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

CERTIFICATE HOLDER

CANCELLATION

AI001118

XXXXXXXXXXXX
Sample Certificate
XXXXXXXXXXXX

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

Kelli R. Starr



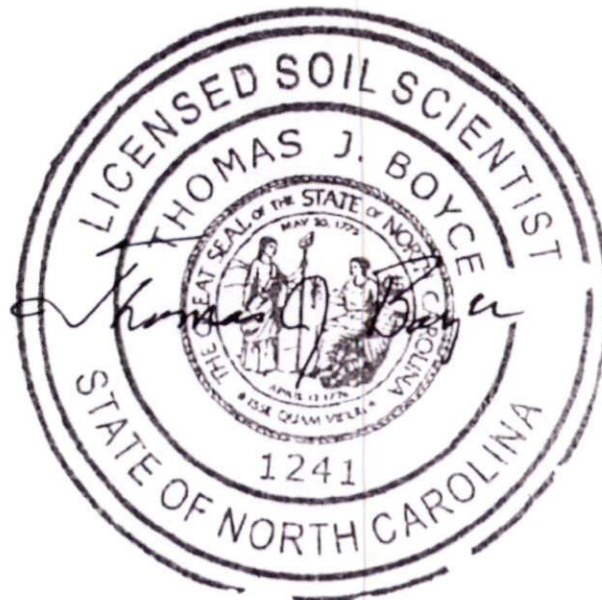
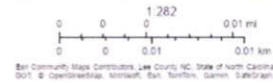
241 Bunting Dr. Soil Evaluation Report

Area of Interest (AOI) Information

Mar 26 2024 15:18:34 Eastern Daylight Time



- PSC - Borings
- Conventional
- PSC - Points
- Bao Topo
- Septic Tank
- Leach Lines
- Red
- White
- Blue
- House Box
- Measurements
- Initial Area
- Repair Area
- PFPPs
- Measurements
- Hannett Parcel 2/2024
- Hannett Contour



Summary

Name	Count	Area(ft ²)	Length(ft)
Borings	6	N/A	N/A
Points	7	N/A	N/A
System Details	1	N/A	N/A
2021 Field Data - Borings - PEA_Borings	0	N/A	N/A

Borings

#	Boring Type	Slope	Landscape Position	LTAR	Saprotite	Soil Wetness	H1 Depth	H1 Texture
1	Conventional	12-18%	Linear	0.80	No	N/A	48	Loamy Sand
2	Conventional	12-18%	Linear	0.50	No	N/A	30	Loamy Sand
3	Conventional	12-18%	Linear	0.50	No	N/A	6	Loamy Sand
4	Conventional	12-18%	Linear	0.50	No	N/A	30	Loamy Sand
5	Conventional	12-18%	Linear	0.50	No	N/A	20	Loamy Sand
6	Conventional	12-18%	Linear	0.50	No	N/A	20	Loamy Sand

#	H1 Moist Consistency	H1 Structure	H1 Mineralogy	H1 Stickiness	H1 Plasticity	H2 Texture	H2 Moist Consistency	H2 Depth
1	Loose	Gr	Non Expansive	Non Sticky	Non Plastic	N/A	N/A	N/A
2	Loose	Gr	Non Expansive	Non Sticky	Non Plastic	SC Loam	V Friable	48
3	Loose	Gr	Non Expansive	Non Sticky	Non Plastic	SC Loam	V Friable	36
4	Loose	Gr	Non Expansive	Non Sticky	Non Plastic	SC Loam	V Friable	36
5	Loose	Gr	Non Expansive	Non Sticky	Non Plastic	SC Loam	V Friable	36
6	Loose	Gr	Non Expansive	Non Sticky	Non Plastic	SC Loam	V Friable	36

#	H2 Structure	H2 Mineralogy	H2 Stickiness	H2 Plasticity	H3 Depth	H3 Texture	H3 Moist Consistency	H3 Structure
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	SBK	Slightly Expansive	Slightly Sticky	Slightly Plastic	N/A	N/A	N/A	N/A
3	SBK	Slightly Expansive	Slightly Sticky	Slightly Plastic	N/A	N/A	N/A	N/A
4	SBK	Slightly Expansive	Slightly Sticky	Slightly Plastic	N/A	N/A	N/A	N/A
5	SBK	Slightly Expansive	Slightly Sticky	Slightly Plastic	N/A	N/A	N/A	N/A
6	SBK	Slightly Expansive	Slightly Sticky	Slightly Plastic	N/A	N/A	N/A	N/A

#	H3 Mineralogy	H3 Stickiness	H3 Plasticity	Notes	Usable Depth	Count
1	N/A	N/A	N/A	N/A	48	1
2	N/A	N/A	N/A	N/A	48	1
3	N/A	N/A	N/A	N/A	36	1
4	N/A	N/A	N/A	N/A	36	1
5	N/A	N/A	N/A	N/A	36	1
6	N/A	N/A	N/A	N/A	36	1

Points

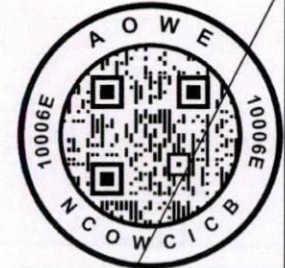
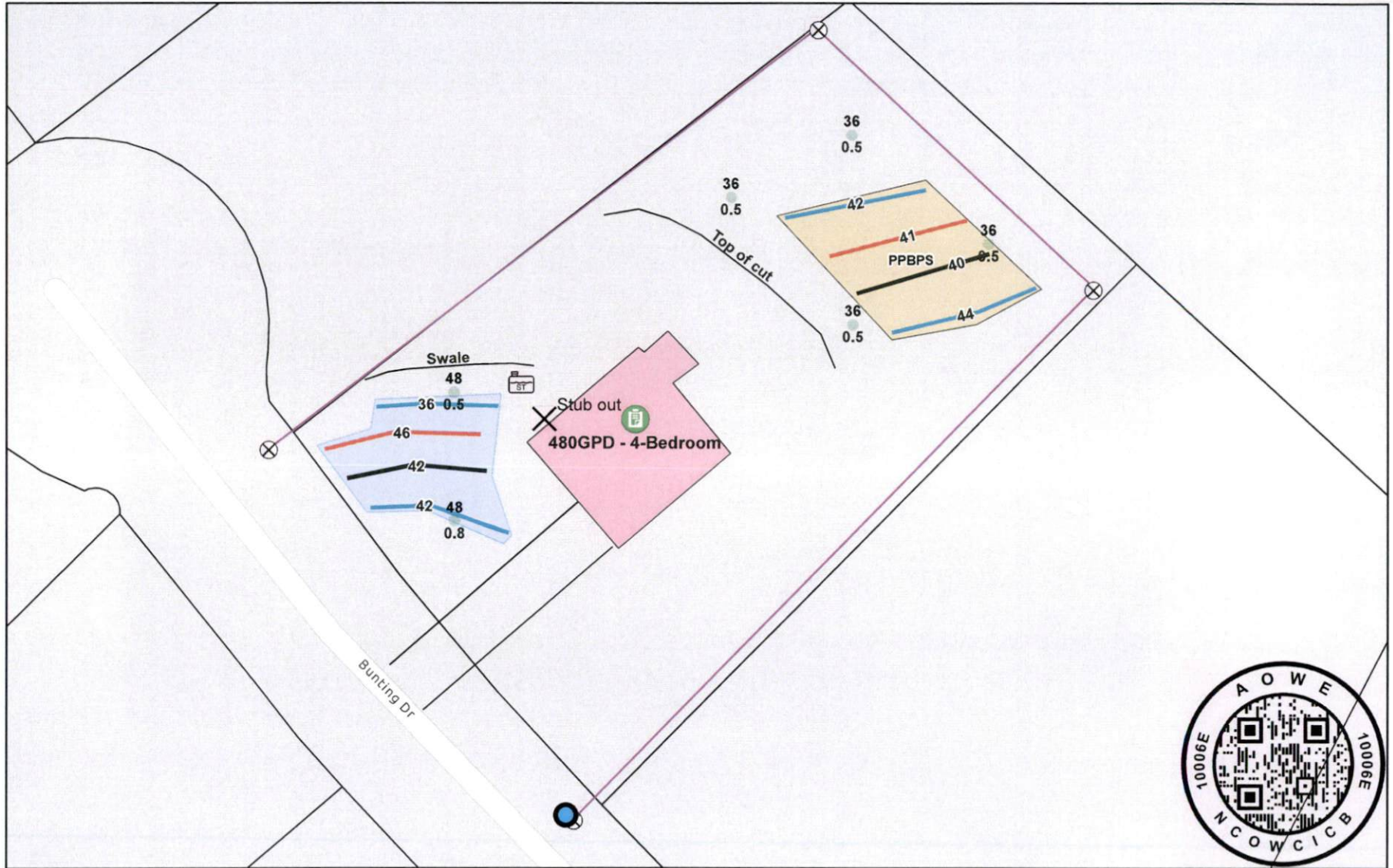
#	Points	Description	Count
1	Property Marker	N/A	1
2	Water Meter	N/A	1
3	Property Marker	N/A	1
4	Property Marker	N/A	1
5	Property Marker	N/A	1
6	Bad Topo	Stub out	1
7	Septic Tank	N/A	1

System Details

#	Daily Design Flow	Septic Tank Capacity	Pump Tank Capacity	Initial System Type	Line Length Initial	Max Depth Initial	Repair System Type	Line Length Repair
1	480GPD - 4-Bedroom	1,000 Gallon	N/A	PPBPS (Vertical)	160'	24-30"	PPBPS (Vertical)	160'

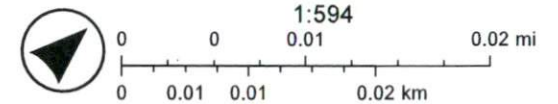
#	Max Depth Repair	Distribution Method	Initial LTAR	Repair LTAR	System Description Notes	Count
1	24-30"	Parallel	.5	.5	Install 8' OC to even line length. Storm water diversion required above system.	1

All ratings and determinations were done in accordance with "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC .1900". This report does not guarantee or represent approval or issuance of permits by the local health department. This report only represents my opinion as a licensed soil scientist.



3/26/2024

- | | | | | |
|----------------|----------------|-------------|--------------|------------------------|
| PSC - Borings | ⊗ EIP | Leach Lines | House Box | Repair Area |
| ● Conventional | ST Septic Tank | Red | Measurements | PPBPS |
| PSC - Points | ● Water Meter | White | Initial Area | Measurements |
| ⊗ Bad Topo | | Blue | | Harnett Parcels 2/2024 |



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J.K.

Signature Certificate

Reference number: FWZBH-ZNHNC-G5GSH-TLEWC

Signer	Timestamp	Signature
Email: tamaragreen@dreamfindershomes.com		
Sent:	27 Mar 2024 16:21:09 UTC	
Viewed:	27 Mar 2024 16:49:06 UTC	
Signed:	01 Apr 2024 14:03:26 UTC	
Recipient Verification:		IP address: 152.117.98.24
✓ Email verified	27 Mar 2024 16:49:06 UTC	Location: Fayetteville, United States

Document completed by all parties on:
01 Apr 2024 14:03:26 UTC

Page 1 of 1



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