

North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct

x_NewExpansionRepairRelocationRelocation of Repair Area										
Owner or Legal Representative Information: STS Construction, LLC Name: Josh Jones Mailing address: 2661 NC 55 W City: Coats State: NC Zip: 27521										
Phone: 919-605-8003 Email: josh@stsconstruction.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: 1486 NC 55 W - Coats, NC 27521										
Tax parcel identification number or subdivision lot, block number of property:										
<u>PIN# 0691-53-5277</u> County: <u>Harnett</u>										
System Information: Wastewater System Type: Type III (b) Daily Design Flow: 360 gallons/day Saprolite System:YesXNo										
Facility Type:										
X_Residential3 # Bedrooms6 Maximum # of Occupants										
Business Type of Business and Basis for Flow:										
Public Assembly Type of Public Assembly and Basis for Flow:										
Requird_Attachments: x_Plat_or_Siteplanx_Evaluation of Soil and Site Features by Licensed Soil Scientist										
Attest: On this the 15th day of December, 2023 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 15th day of December, 2028.										
Signature of Authorized Onsite Wastewater Evaluator:										
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

December 15, 2023 Project #1830

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

RE: 1486 NC 55 W - Coats, NC - 3-bedroom Single Family Residence (Harnett County PIN: 0691-53-5277 for STS Construction, LLC.

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 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems". 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 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 primary 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 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.

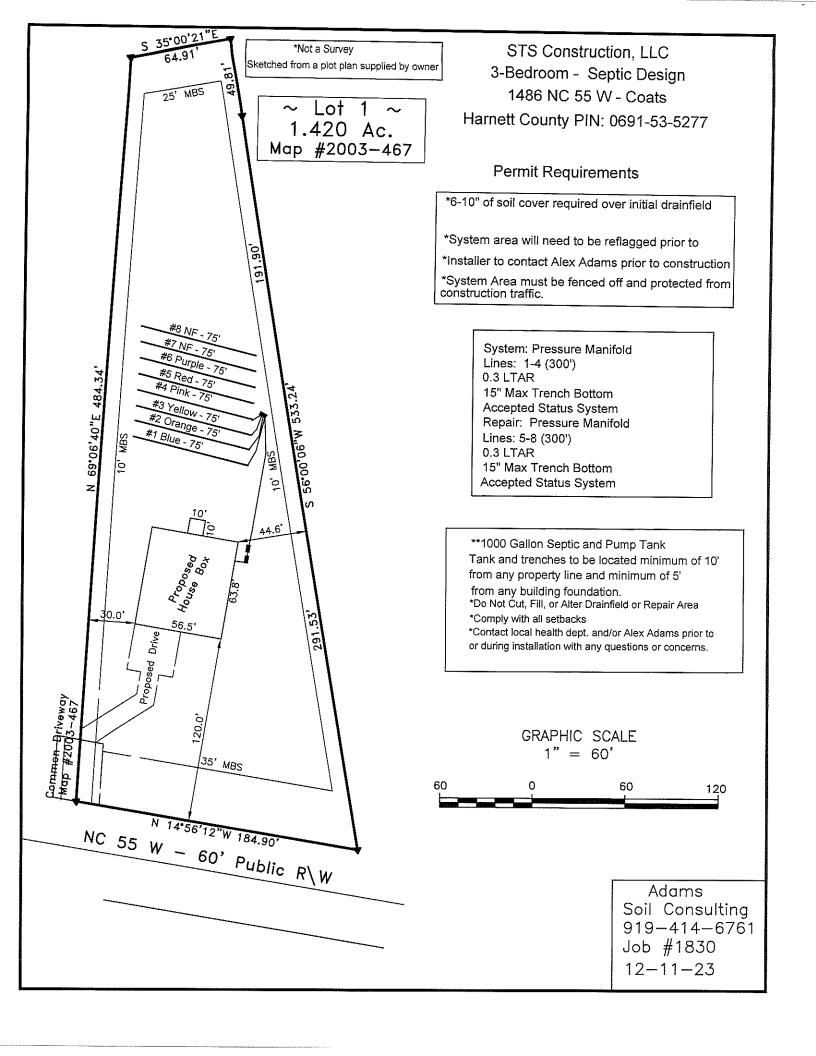
Sincerely,

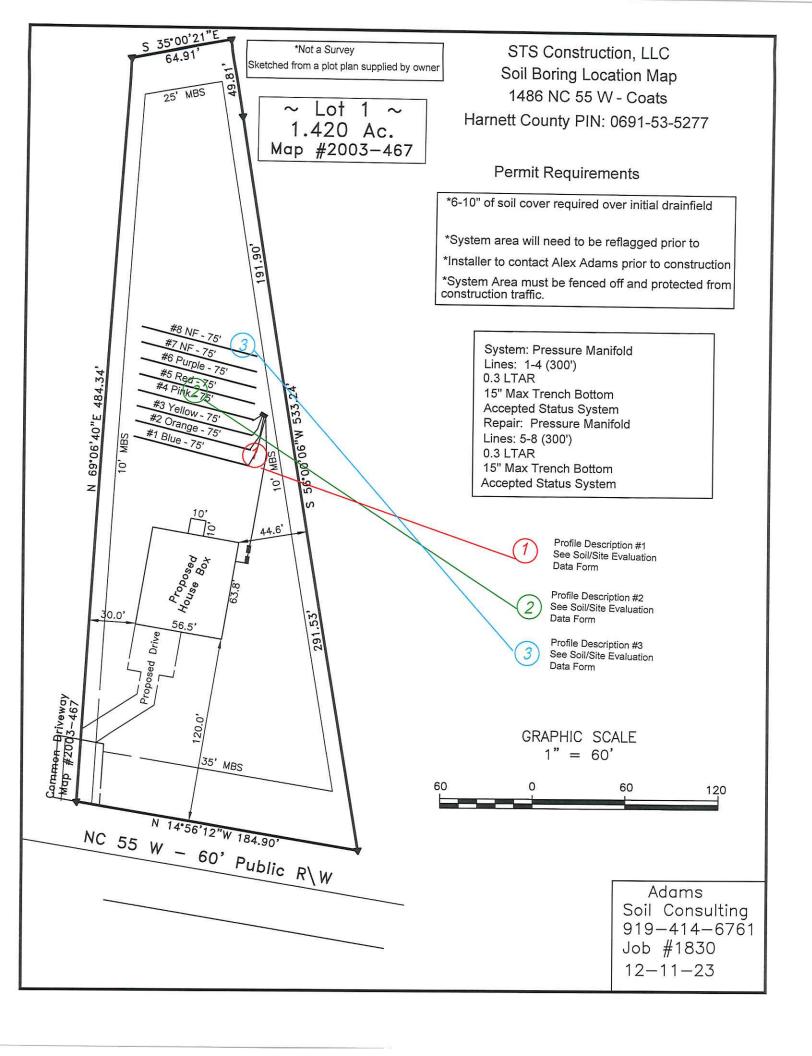
Alex Adams

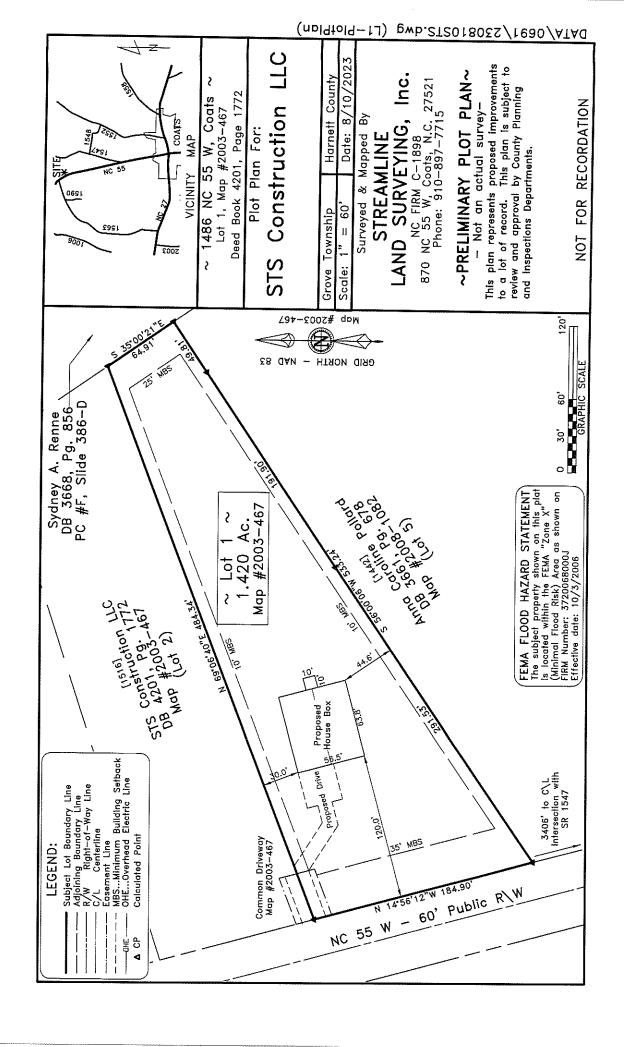
NC Licensed Soil Scientist #1247 AOWE Certification: 10021E











SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: STS Construction, LLC

ADDRESS:

APPLICATION DATE:

DATE EVALUATED: 12-5-23

PROPOSED FACILITY: Single Family, 3-bedroom PROPOSED DESIGN FLOW (.1949): 360gpd LOCATION OF SITE: 1486 NC 55 W - Coats, NC 27521

PROPERTY SIZE: ~1.42 Acres

WATER SUPPLY: Private Well

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

_			. 2011116	11.	FE OF WASIEW				
P R O F I L E	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	MORP	SOIL PHOLOGY .1941)	P				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPT H	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear	0-18	GR/SL	FR/NS/NP/SEXP	28"	N/A	N/A	N/A	P.S .3
1	Slope/6%	18-32	SBK/C	FI/SEXP/S/P					
	Slope/6%	0-8	GR/SL	FR/NS/NP/SEXP	32"	N/A	N/A	N/A	P.S/.3
2			SBK/C	FI/SEXP/S/P					L .U/.J
						•			
		0-8	GR/SL	FR/NS/NP/SEXP	30"	N/A	N/A	N/A	P.S/.3
3	Slope/6%	8-36	SBK/C	FI/SEXP/S/P	97		· · · · · · · · · · · · · · · · · · ·		
4									

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

1486 NC 55 W - Coats NC PRESSURE MANIFOLD DESIGN -Initial

Chamberlain Homes, LLC

of BDR: <u>3</u> Daily Flow: <u>360</u> gal/day L.T.A.R.: <u>0.3000</u> gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 900 System Type: Accepted

Number of Taps: 3 Length of Trenches: 300 ft(See Tap Chart for Details)

Depth of Trenches: 15 in Manifold Length: 36 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 80 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 2.84 ft(supply line length + 70' for fittings in pump tank)

Design Head: <u>2</u> ft Elevation Head: <u>16.00</u> ft

<u>10.00</u> 11

Total Head: 20.84 ft Pump to Deliver: 28.44 gals/min at 20.84 ft head

Dosing Volume: <u>137</u> gals,

Drawdown: $\underline{137}$ gals divided by $\underline{21.4}$ gals/in = $\underline{6.4}$ inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

				, u OI 1741	. .						
Benchmark Pump tank elev. line	<u>0</u> color	is = 100.00 <u>18</u> rod read	set at 85.00 Elevation	Pump elev.	80.00 hole size	flow/tap	Design Head: Manifold elev. gal/day	2 96.00 trench area	LINE LTAR	# of Panels	
1 2		5.00 5.80	95.00	75	1/2in SCH 40	7.11	90.00	225	0.4000	(PPBPS)	Panels (in)
3		6.60	94.20 93.40	75 75	1/2in SCH 40 1/2in SCH 40	7.11 7.11	90.00 90.00	225 225	0.4000 0.4000		
4		7.20	92.80	75	1/2in SCH 40	7.11	90,00	225	0.4000		
			Total Feet = Feet Required =	300	gal/min = Velocity =	28.44 2.72		<u>LTAR =</u> (Itar + 5%)	0.3000 0.3150		
Total # of Panels (% of Dose Vol.	(PPBPS)	70		Des. Flow	<u>360</u>			(Itar w/25% red)	0.4000		
		70		Pump Run=	12.66			(ltar + 5%)	0.4200		
Dose Volume		137		Tank Gal/IN	21.4						
Dose Pump Time		4.80		Elev. Head	16.00						
Drawdown in Inch Comments:	ies	6.4									



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/7/2023

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). CONTACT Angela Sensenig

wac	e Associates, LLC			(A/C, No, Ext): (252) 631-5269 (A/C, No): (252) 649-2443							
250	Pollock St.			E-MAIL ADDRESS	s; asensen	ig@wadeict	com		·		
İ			NAIC #								
New	Bern NC 285	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company					38970				
INSU	RED	INSURER									
Ale	x Adams, DBA: Adams Soil Con	sultino	a a								
ı	6 Mitchell Rd.			INSURER							
-*	The second real real real real real real real real			INSURER							
750	ier NC 275	.01		INSURER	<u> </u>	~	www.mannewee				
Ang			= NUMBER 00 04 4/	INSURER	F:						
			E NUMBER: 23-24 Mast				REVISION NUMBE				
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 SUB	POLICY NUMBER	POLICY EFF POLICY EXP LIMITS							
	COMMERCIAL GENERAL LIABILITY			T)		(330,000,1711)	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED	·			
	35 11110 111102 000011						PREMISES (Ea occurrent				
							MED EXP (Any one person				
							PERSONAL & ADV INJU				
	GEN'LAGGREGATE LIMIT APPLIES PER:			l			GENERAL AGGREGATE	\$			
	POLICY JECT LOC						PRODUCTS - COMP/OP				
	OTHER:						COMPINED CINCLE LINE	\$,		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMI (Ea accident)	\$			
	ANYAUTO						BODILY INJURY (Per per	son) \$			
	ALL OWNED SCHEDULED AUTOS	1					BODILY INJURY (Per acc	ident) \$			
	HIRED AUTOS NON-OWNED AUTOS	1					PROPERTY DAMAGE (Per accident)	s			
					1			\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	***************************************		
	DED RETENTION \$						7,001,1201,12	\$			
	WORKERS COMPENSATION						PER C	TH-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under	anna anna anna anna anna anna anna ann			Ì		E.L. DISEASE - EA EMPLO				
-	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY L	IMIT S			
A	Errors & Omissions		MEO11181		1/31/2023	1/31/2024	General Aggregate		\$1,000,000		
							Each Occurrence		\$1,000,000		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
									1		
									1		
CER	TIFICATE HOLDER			CANCELLATION							
	*FOR INFORMATIONAL PURPO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	K	AUTHORIZED REPRESENTATIVE							
				N Whitsett/RACHEL N P. 1 W							