

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: Lamco Homes Mailing address: 7424 Chapel Hill Rd Suite 203 City: Raleigh, State: NC Zip: 27607 Phone: 9199359282 Email: tony@lamcohomes.com
Authorized Onsite Wastewater Evaluator Information: Name: Thomas Boyce, LSS, AOWE 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: 107 Gates Way (lot 23 Fair Ridge Farm) Sanford, NC 27332 Tax parcel identification number or subdivision lot, block number of property: 9588-56-0232 County: Harnett
System Information: Wastewater System Type: III(g)- Accepted Daily Design Flow: 360 Saprolite System: Yes X No Subsurface Operator Required: Yes X No Water Supply Type: Private Well x Public Water Supply Spring Other:
Facility Type: X 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: X 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: Signature of Owner or Legal Representative: Tony Toro
Signature of Owner or Legal Representative: Touy Toro
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:

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.
- $\bullet\,$ 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	S:
Maintenance Requirements: System should be maintained in acco The contents shall be pumped whene		an 1/3 of the liquid depth in any compartment.
Owner/Client Acknowledgement of	Permit Requirements	PO WE
Touy Toro	03 / 27 / 2024	
Owner Signature	Date	90001 100006 100006



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: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Kelli R. Starr (910)295-1121 kelli@rineyagency.com	FAX (A/C, No):(910)2	95-8980
	Filleriurst	NC	20374-7930		INSURER(S) AFFORDING COVERAGE		NAIC#
				INSURER A :E	rie Insurance Company		26263
INSURED				INSURER B :	rie Insurance Exchange		26271
	Marlin Wastewater Services, LLC			INSURER C:			
	P.O. Box 865			INSURER D :			
	West End	NC	27376-	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		ADDLS		IIIII 3 SHOWN WAT HAVE BEEN F	POLICY EFF				
LTR	TYPE OF INSURANCE	INSD W		POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY		(Q61-0188942	07/01/2023	07/01/2024	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY		(Q61-0188942	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			201 0100012	0170172020	0170172021	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							,	\$	
В	X UMBRELLA LIAB OCCUR			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DED RETENTION \$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	Q91-0104617	07/01/2023	07/01/2024	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	4)	NH)	NH)		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Contractor's Errors & Ommissions			Q61-0188942	07/01/2023	07/01/2024	Each Occurrence Aggregate Deductible		1,000,000 1,000,000 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 Al 001118
XXXXXXXXXXX Sample Certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
XXXXXXXXXXX -	AUTHORIZED REPRESENTATIVE HOLLIER. Stark

Fax:() -

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ACORD 25 (2014/01)

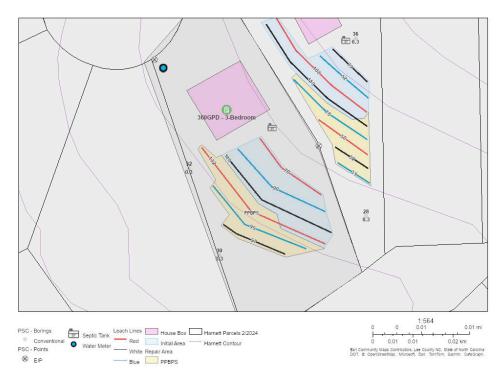
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107 Gates Way Soil Evaluation Report

Area of Interest (AOI) Information

Mar 26 2024 16:27:24 Eastern Daylight Time





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Summary

Name	Count	Area(ft²)	Length(ft)
Borings	2	N/A	N/A
Points	4	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	Saprolite	Soil Wetness	H1 Depth	H1 Texture
1	Conventional	5-8%	Linear	0.30	No	30	12	Sandy Loam
2	Conventional	5-8%	Linear	0.30	No	32	12	Sandy Loam

	#	H1 Moist Consistency	H1 Structure	H1 Mineralogy	H1 Stickiness	H1 Plasticity	H2 Texture	H2 Moist Consistency	H2 Depth
,	1	Loose	Gr	Slightly Expansive	Non Sticky	Non Plastic	SC Loam	Friable	30
2	2	Loose	Gr	Slightly Expansive	Non Sticky	Non Plastic	Sandy Clay	Friable	32

#	H2 Structure	H2 Mineralogy	H2 Stickiness	H2 Plasticity	H3 Depth	H3 Texture	H3 Moist Consistency	H3 Structure
1	SBK	Slightly Expansive	Sticky	Plastic	N/A	N/A	N/A	N/A
2	SBK	Slightly Expansive	Sticky	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	30	1
2	N/A	N/A	N/A	N/A	32	1

Points

#	Points	Description	Count
1	Water Meter	N/A	1
2	Property Marker	N/A	1
3	Property Marker	N/A	1
4	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	360GPD - 3- Bedroom	1,000 Gallon	N/A	Accepted	300'	16'	PPBPS (Horizontal)	200'

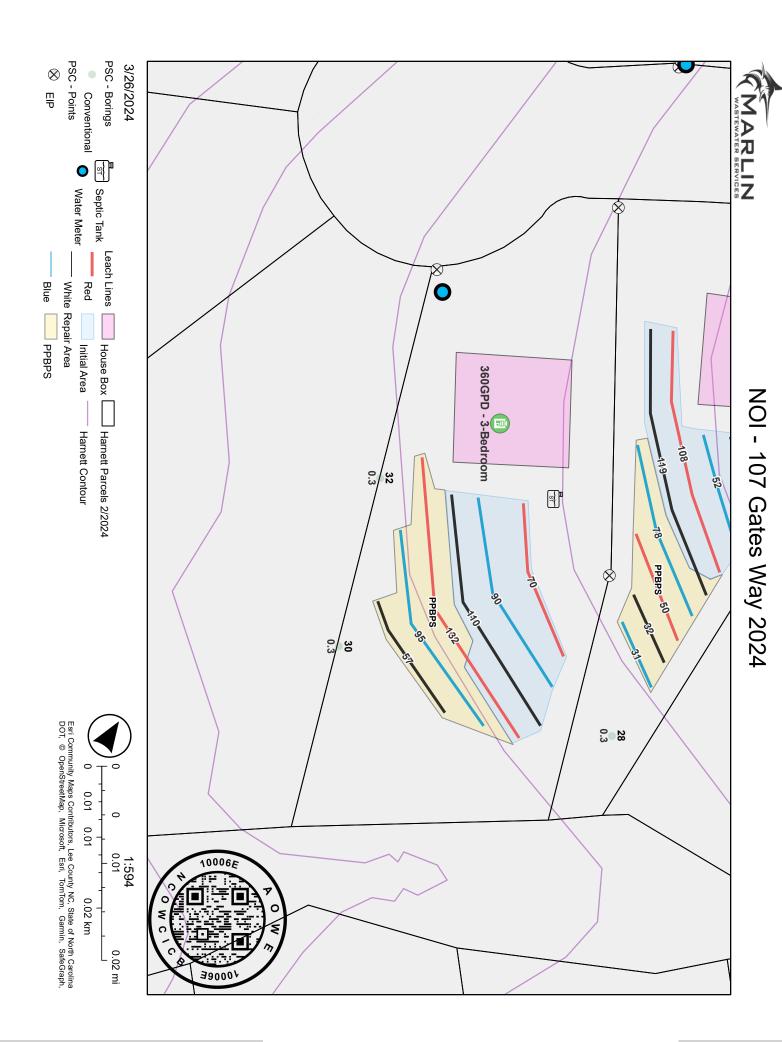
#	Max Depth Repair	Distribution Method	Initial LTAR	Repair LTAR	System Description Notes	Count
1	16"	Serial	.3	.3	N/A	1

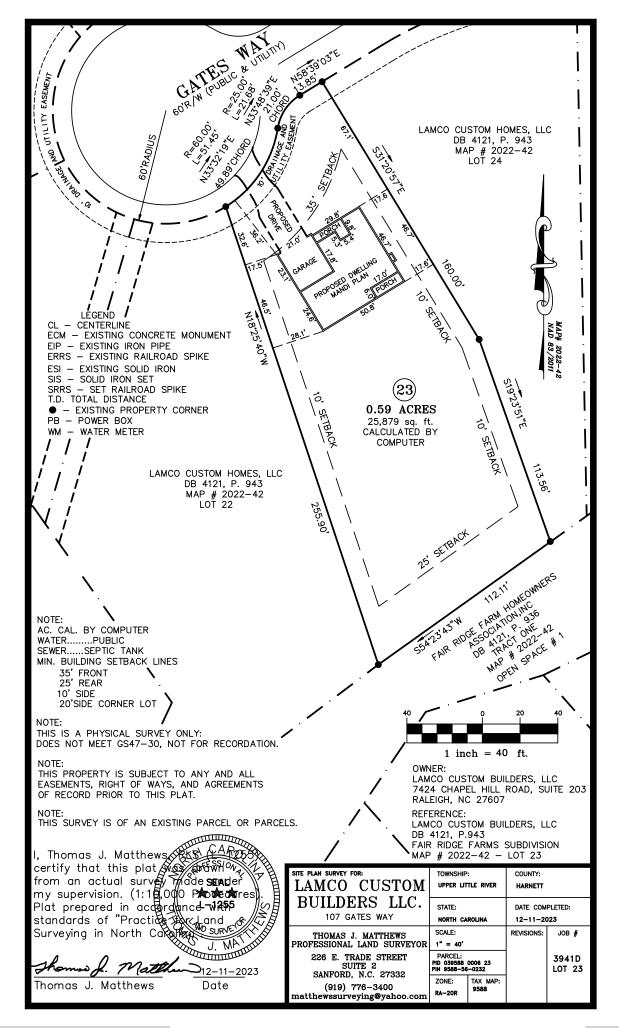
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All ratings and determinations were done in accordance with "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC .1900". This report does not guarantee or represent approval or issuance of permits by the local health department. This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

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Signature Certificate

Reference number: C78BJ-6ZRDD-YEZDS-VRASZ

Signer **Timestamp**

Tony Toro

Email: tony@lamcohomes.com

Sent: 26 Mar 2024 20:43:25 UTC 27 Mar 2024 00:03:29 UTC Viewed: Signed: 27 Mar 2024 14:18:25 UTC

Recipient Verification:

27 Mar 2024 00:03:29 UTC ✓ Email verified

Signature

Touy Toro

IP address: 107.15.160.221 Location: Apex, United States

Document completed by all parties on:

27 Mar 2024 14:18:25 UTC

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