



**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

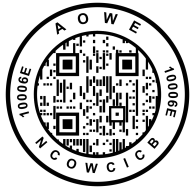
Owner or Legal Representative Information:
 Name: Lamco Homes
 Mailing address: 7424 Chapel Hill Rd Suite 203 City: Raleigh, State: NC Zip: 27607
 Phone: 9199359282 Email: tony@lamcohomes.com

Authorized Onsite Wastewater Evaluator Information:
 Name: Thomas Boyce, LSS, AOWE 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: 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
 Saprulite 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 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: Tony 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: _____



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	PHONE (A/C, No, Ext): (910)295-1121	FAX (A/C, No): (910)295-8980
	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 :		
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 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 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 <input checked="" type="checkbox"/> 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) \$ OTHER: \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 OTHER: \$
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		<input checked="" type="checkbox"/>	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

AI 001118

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 <i>Kelli R. Starr</i>

Fax: () -

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ACORD 25 (2014/01)

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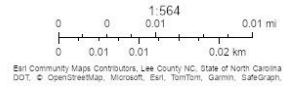
107 Gates Way Soil Evaluation Report

Area of Interest (AOI) Information

Mar 26 2024 16:27:24 Eastern Daylight Time



- PSC - Borings Conventional
- PSC - Points EIP
- Septic Tank
- Water Meter
- Leach Lines
- House Box
- Initial Area
- White Repair Area
- Blue
- PPBPS
- Hamnett Parcels 2/2024
- Hamnett Contour



Summary

Name	Count	Area(ft ²)	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	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

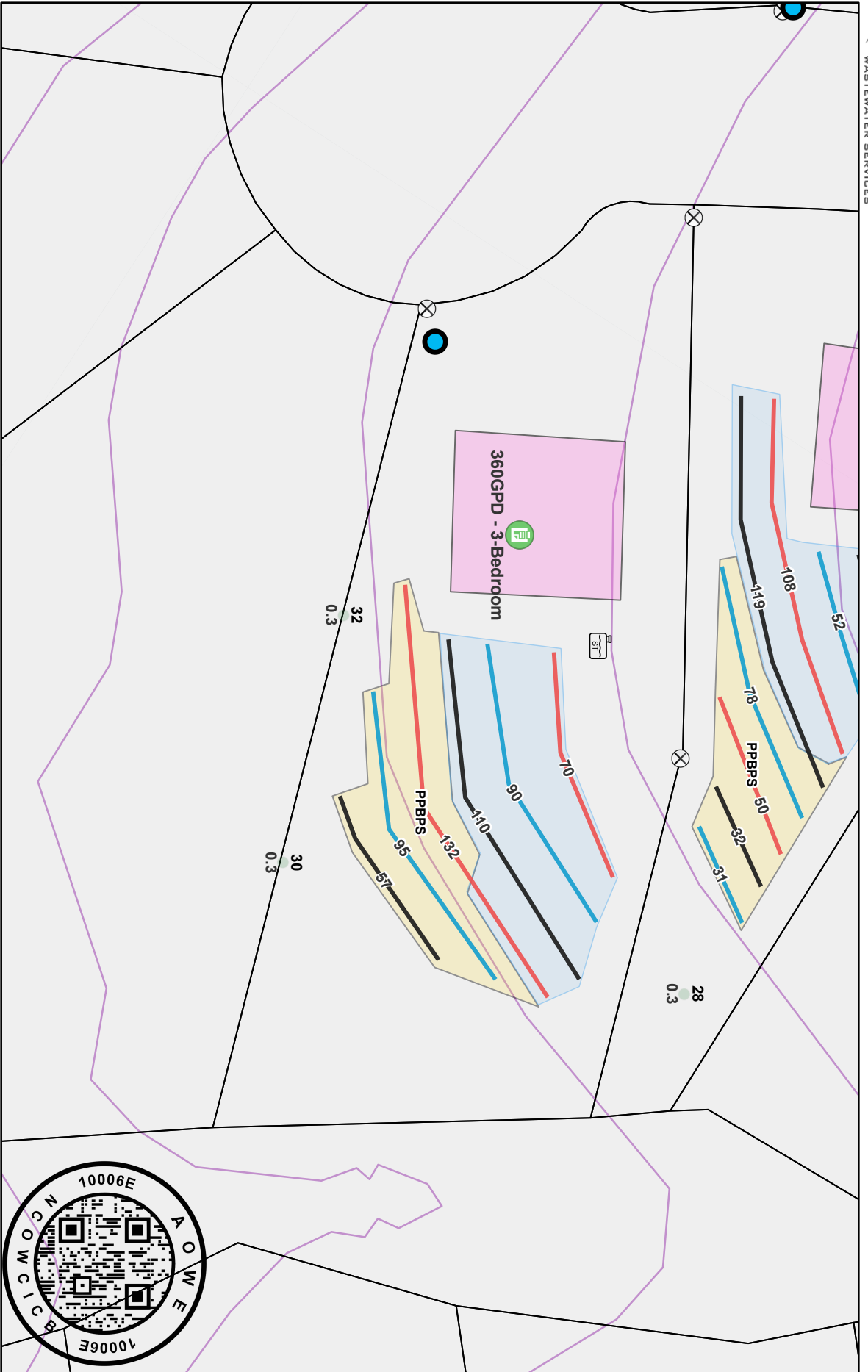
System Details

#	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

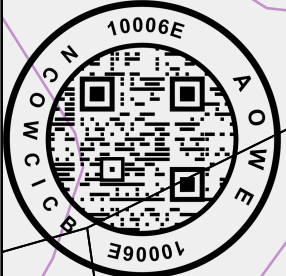
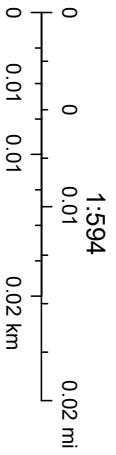
All ratings and determinations were done in accordance with "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC .1900". This report does not guarantee or represent approval or issuance of permits by the local health department. This report only represents my opinion as a licensed soil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

NOI - 107 Gates Way 2024



3/26/2024

- PSC - Borings
 - Conventional
- PSC - Points
- EIP
- Septic Tank
- Water Meter
- Leach Lines
 - House Box
 - Harnett Parcels 2/2024
 - Initial Area
 - Harnett Contour
 - Red
 - White Repair Area
 - Blue
 - PPBPS



Esri Community Maps Contributors, Lee County NC, State of North Carolina DOT, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph,

Signature Certificate

Reference number: C78BJ-6ZRDD-YEZDS-VRASZ

Signer

Timestamp

Signature

Tony Toro

Email: tony@lamcohomes.com

Sent:

26 Mar 2024 20:43:25 UTC

Viewed:

27 Mar 2024 00:03:29 UTC

Signed:

27 Mar 2024 14:18:25 UTC



Recipient Verification:

✓ Email verified

27 Mar 2024 00:03:29 UTC

IP address: 107.15.160.221

Location: Apex, United States

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