



**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

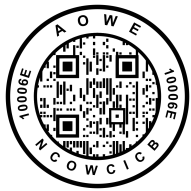
Owner or Legal Representative Information:  
 Name: Lamco Homes  
 Mailing address: 7424 Chapel Hill Rd Suite 203 City: Raleigh, State: NC Zip: 27607  
 Phone: 9199359282 Email: tony@lamcohomes.com

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: 83 Gates Way (lot 24, Fair Ridge Farm) Sanford, NC 27332  
 Tax parcel identification number or subdivision lot, block number of property: 9588-56-0391  
 County: Harnett

System Information:  
 Wastewater System Type: III(g)- Accepted  
 Daily Design Flow: 360  
 Saprrolite 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: \_\_\_\_\_



**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:**

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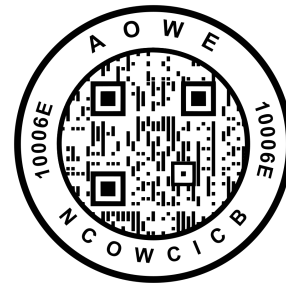
**Maintenance Requirements:**

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**

Tony Toro  
Owner Signature

03 / 27 / 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	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 \$
A	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) \$ \$
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	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 Y/N N N/A	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE 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

*Kelli R. Starr*

Fax: ( ) -

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ACORD 25 (2014/01)

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# 83 Gates Way Soil Evaluation Report

## Area of Interest (AOI) Information

Mar 26 2024 15:41:59 Eastern Daylight Time



## Summary

Name	Count	Area(ft <sup>2</sup> )	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	2-5%	Linear	0.30	No	N/A	12	Sandy Loam
2	Conventional	5-8%	Linear	0.30	No	28	16	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	36
2	Loose	Gr	Slightly Expansive	Non Sticky	Non Plastic	SC Loam	Friable	28

#	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	36	1
2	N/A	N/A	N/A	N/A	28	1

## Points

#	Points	Description	Count
1	Property Marker	N/A	1
2	Water Meter	N/A	1
3	Property Marker	N/A	1
4	Septic Tank	N/A	1

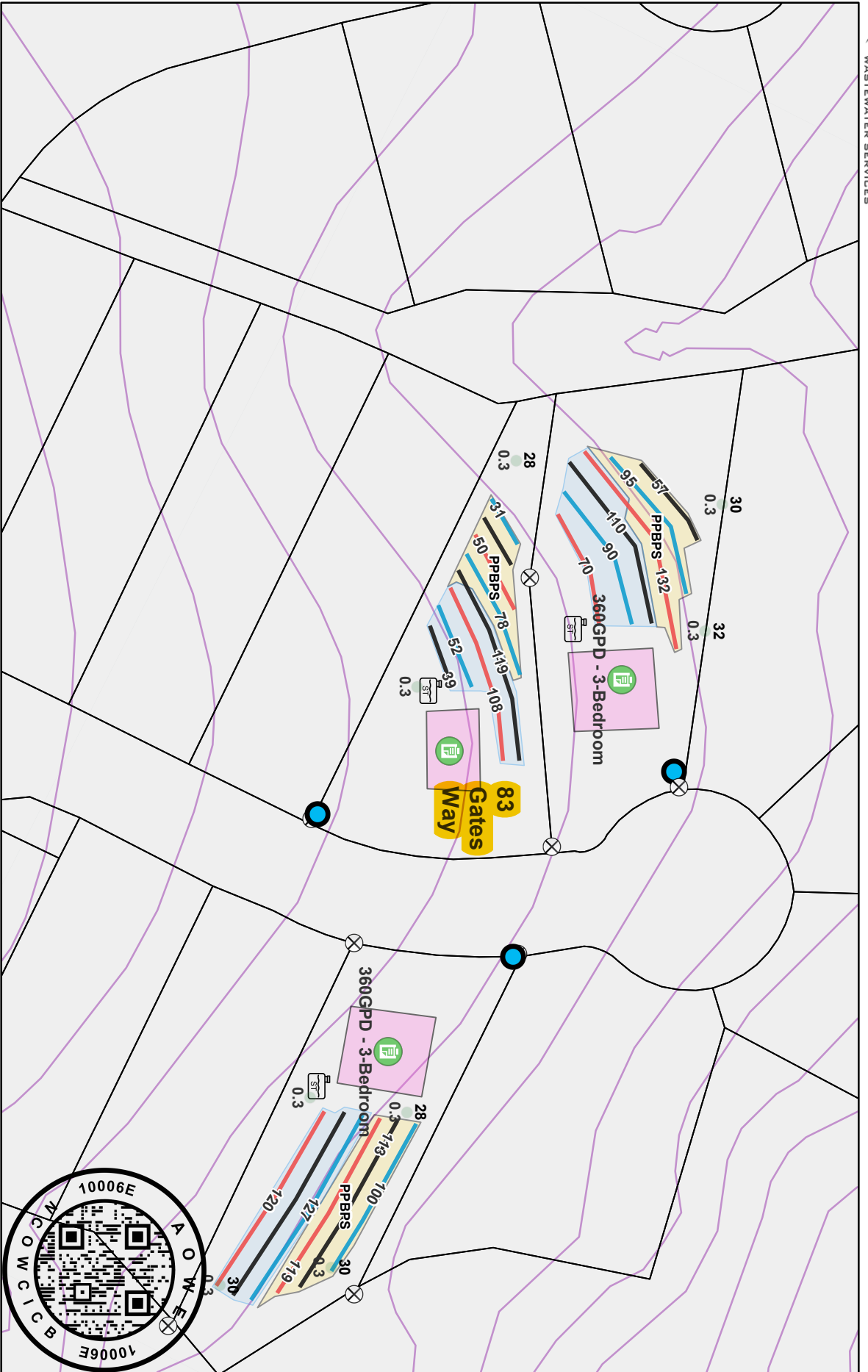
## System Details

#	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'

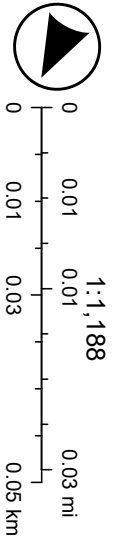
#	Max Depth Repair	Distribution Method	Initial LTAR	Repair LTAR	System Description Notes	Count
1	16"	Serial	.3	.3	N/A	1

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.

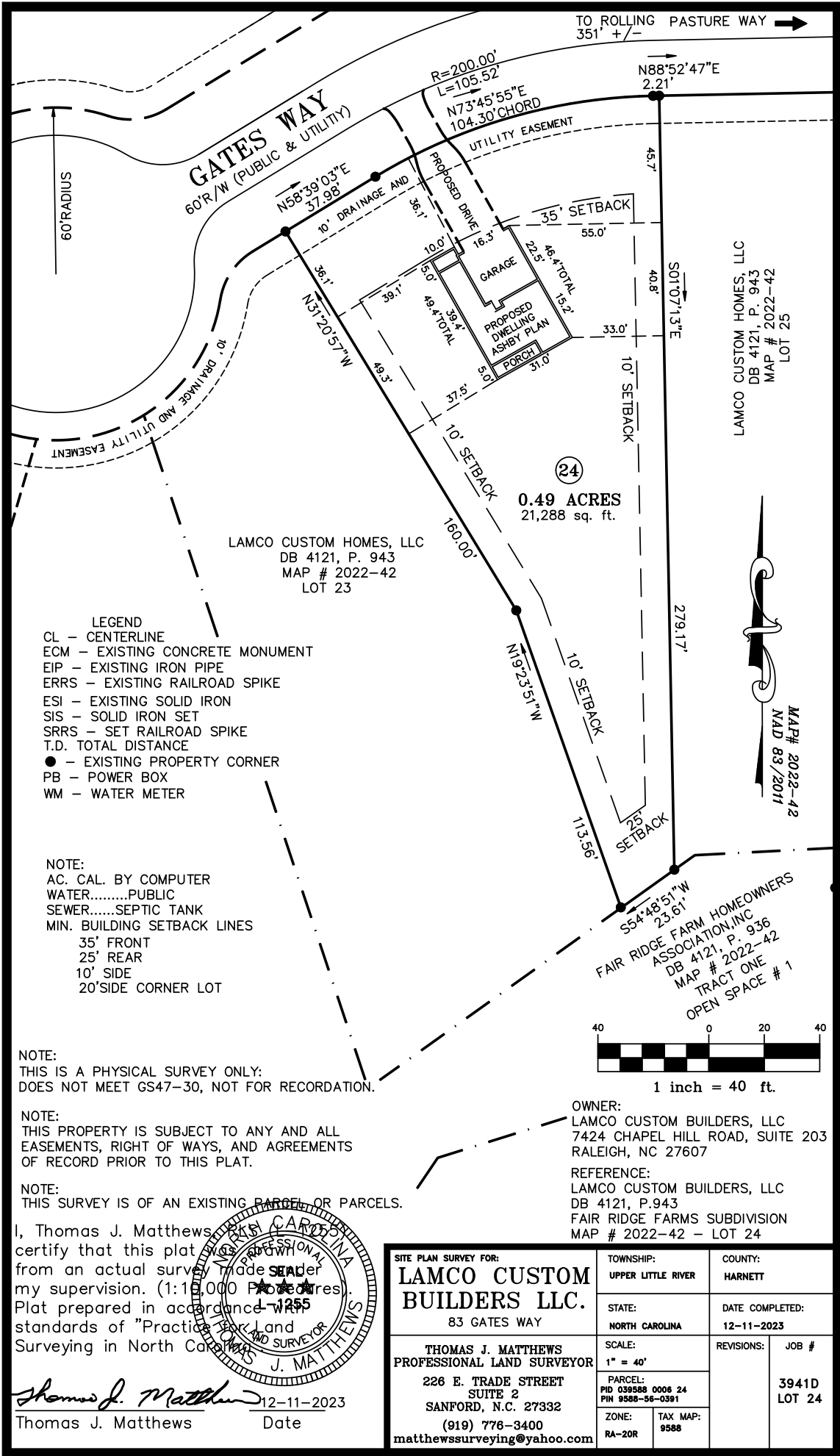
# NOI - 83 Gates Way 2024



- 3/26/2024
- PSC - Borings
  - Conventional
  - Septic Tank
  - Water Meter
  - Leach Lines
  - House Box
  - Hannett Parcels 2/2024
  - Hannett Contour
  - Initial Area
  - White Repair Area
  - PPBPS
  - Blue
  - Blue
  - Blue



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



- LEGEND**
- CL - CENTERLINE
  - ECM - EXISTING CONCRETE MONUMENT
  - EIP - EXISTING IRON PIPE
  - ERRS - EXISTING RAILROAD SPIKE
  - ESI - EXISTING SOLID IRON
  - SIS - SOLID IRON SET
  - SRRS - SET RAILROAD SPIKE
  - T.D. TOTAL DISTANCE
  - - EXISTING PROPERTY CORNER
  - PB - POWER BOX
  - WM - WATER METER

**NOTE:**  
 AC. CAL. BY COMPUTER  
 WATER.....PUBLIC  
 SEWER.....SEPTIC TANK  
 MIN. BUILDING SETBACK LINES  
 35' FRONT  
 25' REAR  
 10' SIDE  
 20' SIDE CORNER LOT

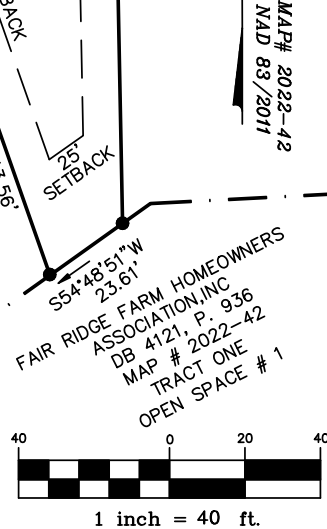
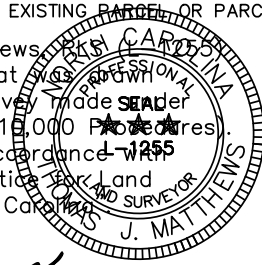
**NOTE:**  
 THIS IS A PHYSICAL SURVEY ONLY:  
 DOES NOT MEET GS47-30, NOT FOR RECORDATION.

**NOTE:**  
 THIS PROPERTY IS SUBJECT TO ANY AND ALL  
 EASEMENTS, RIGHT OF WAYS, AND AGREEMENTS  
 OF RECORD PRIOR TO THIS PLAT.

**NOTE:**  
 THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS.

I, Thomas J. Matthews, Professional Land Surveyor, No. 1255, certify that this plat was prepared from an actual survey made under my supervision. (1:10,000 Scale). Plat prepared in accordance with standards of "Practice for Land Surveying in North Carolina".

*Thomas J. Matthews*  
 Thomas J. Matthews  
 Date 12-11-2023



**OWNER:**  
 LAMCO CUSTOM BUILDERS, LLC  
 7424 CHAPEL HILL ROAD, SUITE 203  
 RALEIGH, NC 27607

**REFERENCE:**  
 LAMCO CUSTOM BUILDERS, LLC  
 DB 4121, P.943  
 FAIR RIDGE FARMS SUBDIVISION  
 MAP # 2022-42 - LOT 24

<b>SITE PLAN SURVEY FOR:</b> <b>LAMCO CUSTOM BUILDERS LLC.</b> 83 GATES WAY		<b>TOWNSHIP:</b> UPPER LITTLE RIVER	<b>COUNTY:</b> HARNETT
<b>THOMAS J. MATTHEWS</b> PROFESSIONAL LAND SURVEYOR 226 E. TRADE STREET SUITE 2 SANFORD, N.C. 27332 (919) 776-3400 matthewssurveying@yahoo.com		<b>STATE:</b> NORTH CAROLINA	<b>DATE COMPLETED:</b> 12-11-2023
<b>SCALE:</b> 1" = 40'		<b>SCALE:</b> PID 039588 0006 24 PIN 9588-56-0391	<b>REVISIONS:</b>
<b>ZONE:</b> RA-20R		<b>TAX MAP:</b> 9588	<b>JOB #</b> <b>3941D</b> <b>LOT 24</b>



# 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

Document completed by all parties on:

27 Mar 2024 14:18:25 UTC

Page 1 of 1



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