

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 New Expansion Repair Relocation Relocation of Repair Area
Owner or Legal Representative Information: Name: William Stamey, Triverse Builders LLC
Mailing address: 202 Coley Farm Rd City: Fuquay Varina State: NC Zip: 27526
Phone: 919-815-3200 Email: bill@triversebulders.com
Authorized Onsite Wastewater Evaluator Information:
Name: Hal Owen Certification #: 10036E
Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546 Phone: 910-893-8743 Email: hal@halowensoil.com
Site Location Information:
Site address: 3440 Matthews Mill Pond Rd
Tax parcel identification number or subdivision lot, block number of property: O671-49-1919 County: Harnett
System Information: Wastewater System Type: Illbg (Pump to Accepted Status 25% reduction) Daily Design Flow: 360 gpd 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: V Plat or Site Plan Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 8 day of July , 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 8 day of July , 2029 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: 7-13-29



CERTIFICATE OF LIABILITY INSURANCE

OP ID: TOW

DATE (MM/DD/YYYY)

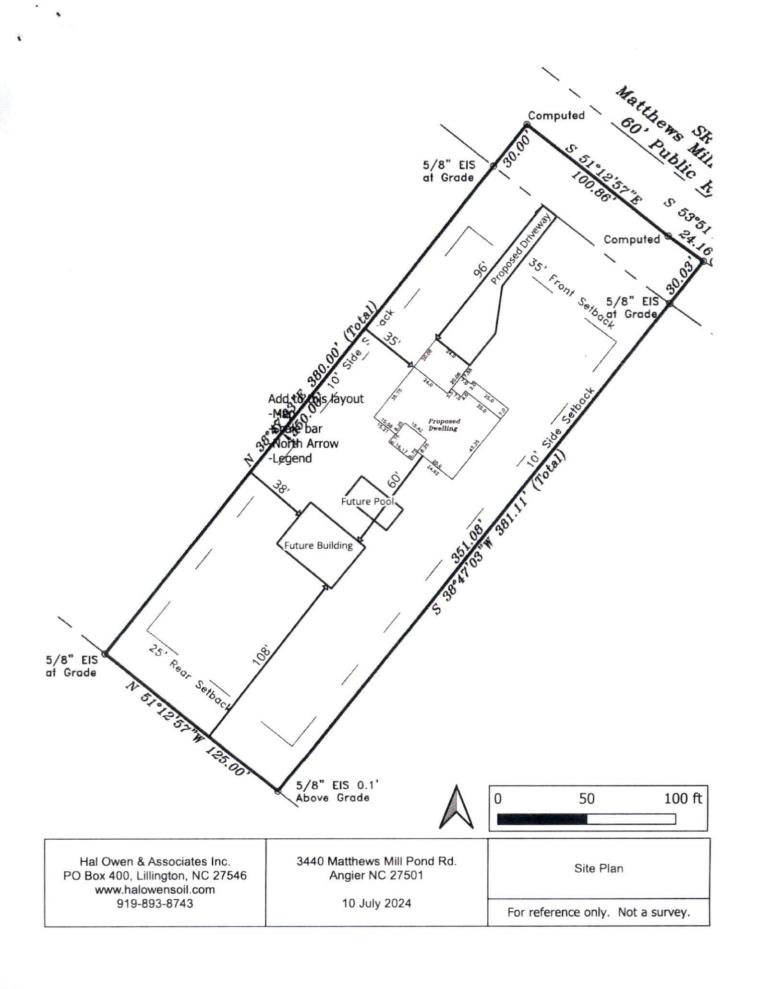
06/27/2024

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 have ADDITIONAL INSURED provisions or 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 SHARON WOODY 910-893-5707 INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PHONE (A/C, No, Ext): 910-893-5707 FAX (A/C, No): 910-893-2077 E-MAIL SWOODY@ISCFAY.COM PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : STARSTONE NATIONAL INSURED HAL OWEN & ASSOCIATES, INC. PO BOX 400 LILLINGTON, NC 27546 INSURER B : INSURER C: INSURER D : INSURER E : INSURER F : CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES 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. TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY s ANY AUTO BODILY INJURY (Per person) S SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$
PROPERTY DAMAGE
(Per accident) \$ HIRED AUTOS ONLY NON-OWNED **UMBRELLA LIAB** EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH) E.L. EACH ACCIDENT 5 E.L. DISEASE - EA EMPLOYEE \$ ves, describe unde PROFESSIONAL LIAB. 42ESP00143901 01/27/2024 01/27/2025 PER OCC. 1,000,000 **AGGREGATE** 2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **WILLIAM STAMEY** 3418 MATTHEWS MILL POND RD AUTHORIZED REPRESENTATIVE ANGIER, NC 27501 Taylor Wallace

ACORD 25 (2016/03)

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HAL OWEN ASSOCIATES www.halowensoil.com

#	HOA-AOWE-2407-3

Issue date 7/9/2024 Expiration 7/9/2029

APPLICANT INFORMATION

Name	William Stamey, Triverse Builders LLC					
Mailing Address	202 Coley Farm Rd, Fuquay Va	rina NC 27526				
E-mail Address	bill@triversebuilders.com	Telephone Number	9198153200			

PROPERTY IDENTIFIERS

County	Harnett	PIN	0671-49-1919			
Size (Acre)	1.09	County PID				
Site Address	3440 Matthews Mill Pond Rd., Angier NC 27501					
S/D Name and Lot#	Lot #2 Richard Gregory Division					

PROJECT INFORMATION

Wastewater System	New		.0403 Eng Low Flow	No
Wastewater Strength	Domestic		Effluent Standard	DSE
Facility Type	Residential		Water Supply	Public Water
Design Wastewater Flow	360	gpd	gal/unit	120
Basis for Flow	3	bedrooms	max occupancy	6
Basement	No		Fixtures in basement?	No
Crawl Space	Yes		Slab Foundation	No

CONSULTANT INFORMATION

Company Name	Hal Owen & Associates, Inc.		· · · · · · · · · · · · · · · · · · ·
Mailing Address	PO Box 400, Lillington, NC 27546		
E-mail Address	hal@halowensoil.com	Telephone Number	910-893-8743
Licensed Soil Scientist	Britt Wilson, LSS#1351	AOWE	Hal Owen, #10036E

A soil and site evaluation has been conducted for the referenced property for the purpose of permitting a subsurface wastewater system. This evaluation was prepared based on information provided by the applicant to include the basis for design flow, proposed structure location(s), and property boundaries. Any false, inaccurate, or incomplete information provided by the applicant, owner, or legal representatives may result in denial or revocation of applications, approvals, or permits.

This AOWE Evaluation is being submitted pursuant to and meets the requirements of G.S.130A-336.2. This evaluation includes a soil and site evaluation, specifications, plans, and reports for the site layout and construction of a proposed onsite wastewater system by an Authorized On-Site Wastewater Evaluator (AOWE). The evaluation of soil conditions and site features is provided in accordance with G.S. 130A-335(e), the Rules for "Wastewater Treatment and Dispersal Systems", 15A NCAC 18E, and local septic regulations (if any). This report represents my professional opinion as a Licensed Soil Scientist and Authorized Onsite Wastewater Evaluator.







WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Proposed Desig	n Daily Flow	360	gpd	Drainfield Meeets Requir	ements:
Septic Tank Size	e (minimum)	1000	gallons	.0508 Available Space	Yes
Pump Tank Size	(minimum)	1000	gallons, if require	ed .0601 Setbacks	Yes
Initial System	_		_		
System Type		Other no	n-conventional sys		
Pump Required	Yes	_	10	_ft TDH at21.1GI	PM
Trenches:	Accepted (25%	% reduction	n) System	_	
Design LTAR		0.45	gal/day/ft ²	Saprolite System	No
Total Trench/ Be	ed Length	200	feet	Fill System	No
Trench Spacing		9	ft on center		
Usable soil dept	h to LC	41	inches		
Maximum Trend	h Depth	24	inches, measure	d on downhill side of trench	
Minimum Soil C	over	6	inches		
Artificial Drainag	e Required	No	-		
Repair System					
System Type:	IIIe - PPBPS	gravity sys	tem		
Pump Required	No				
Trenches:	PPBPS, horizo	ontal			
Design LTAR		0.45	gal/day/ft²	Saprolite System	No
Total Trench/ Be	ed Length	134	feet	Fill System	No
Trench Spacing	175	9	ft on center	0.00	
Usable soil dept	h to LC	38	inches		
Maximum Trend	h Depth of	24	inches, measure	d on downhill side of trench	

inches

Potential Drainlines flagged at site on 9-ft centers.

Minimum Soil Cover

roteriua	Diamini	es llagged at si			1
		Relative	Drainline	Field	
Line #	Color	Elevation (ft)	Length(ft)	Length(ft)	
1	В	99.74	40	40]]
2	R	99.65	55	55	litia
3	W	99.49	55	58] [🖺
4	Y	99.23	55	55]]
5	R	98.76	17	17	17
6	W	98.56	17	17]
7	Y	98.25	17	17] 🛓
8	В	97.99	17	17	Repair
9	R	97.69	17	17	1 ~
10	W	97.37	17	33	1
11	Y	97.11	17	17	1
12	В	96.82	17	17	1]
Septic T	ank:	99.17			
Pump Ta	ank:	99.17	1	*Property line	s per owner
Reference	e Elev:	100.00]	*Trench botto	ms shall be level to +/- 1/4" in 10ft
				*All parts of s	entic system must meet minimum s

^{*}All parts of septic system must meet minimum setbacks

^{*}No grading or removal of soil in dispersal areas

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AOWE EVALUATION

PERMIT CONDITIONS

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met.

System shall be installed in accordance with the attached Wastewater System Design Specifications. See attached SYSTEM LAYOUT for wastewater system design and location.

Any changes to the site plan or intended use must be approved by Hal Owen & Associates. Permit modification and resubmittal to the LHD may be necessary to ensure regulatory compliance.

Conformance to all regulatory setbacks shall be maintained. Local regulations (such as well or riparian buffer ordinances) may require more stringent setbacks than specified in the septic regulations.

Minimum soil cover of six inches shall be established over dispersal field. Soil cover above the original grade shall be placed at a uniform depth over the entire dispersal field and shall extend laterally five feet beyond the dispersal trench. Site shall be graded to shed water away from field and a vegetative cover established to prevent erosion.

The dispersal field and repair area shall not be subject to vehicular traffic. Vehicular traffic can damage soils, pipes, and valve boxes. Do not use septic areas for parking.

Do not allow underground utilities, water lines, or sprinkler systems to be installed in the septic areas. Damage to the septic areas could result in the septic permit being revoked.

The wastewater system shall not be covered until inspected by Hal Owen & Associates and shall not be placed into use until an Authorization to Operate is issued.

SPECIFIC REQUIREMENTS

A pre-construction conference with the septic contractor is required prior to installation.

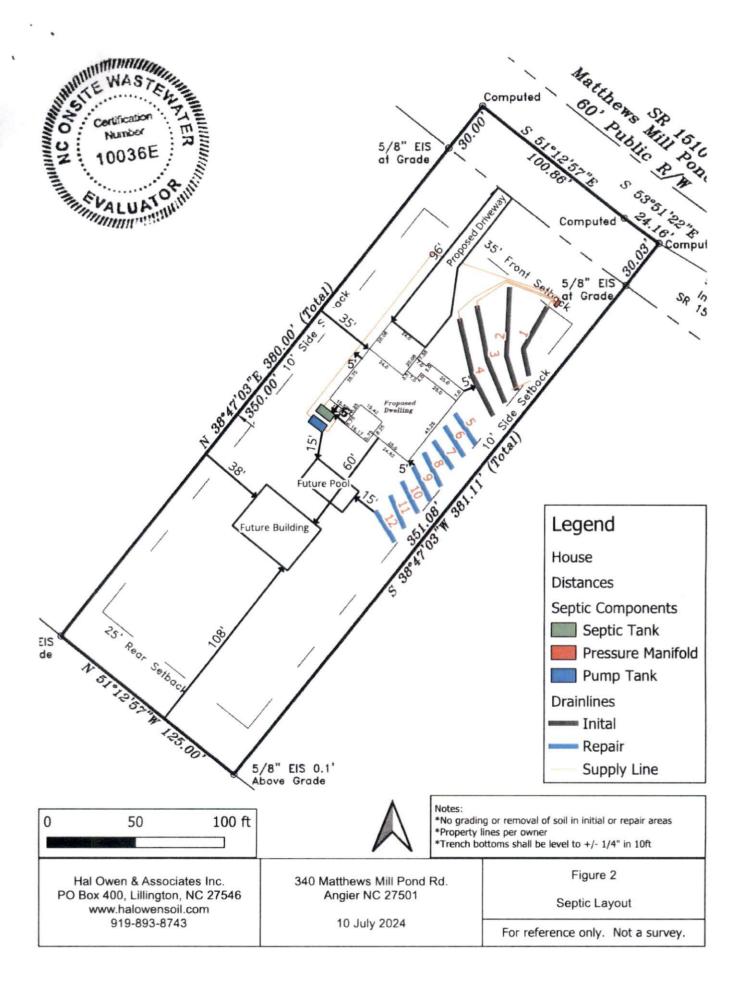
Call Hal Owen & Associates at least five days in advance to schedule 910-893-8743

The inlet and outlet of all tanks shall be equipped with an approved pipe penetration boot.

The pump tank may be eliminated if gravity distribution can be demonstrated.

Supply lines conveyed under areas subject to vehicular traffic shall meet the requirements of Rule 18E .0601(h) using ferrous material pipe or other pipe designed and bedded for traffic-bearing loads.

Ensure water line installation meets minimum setback requirements to wastewater system components and dispersal fields.

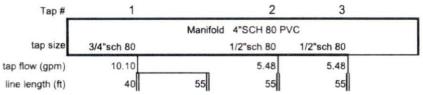


INITIAL WASTEWATER SYSTEM

Press	ure Manif	old Design Cri	teria						
DESI	GN DAILY	FLOW	360		gallons/day	SOIL LTAR:	0.45	gpd/ft ²	
TANK	(S (min)	Septic Tank:	1000)	gallons	Pump Tank:	1000	gallons	
SUPP	LY LINE	Length:	80		ft	Diameter:	2	" SCH 40 F	'VC
		Minimur	n flow (gpi	m) to ı	maintain 2fps s	cour velocity:	20.9	gpm	
TREN	ICHES	Drainline Type:	Accepted	(25%	reduction) Syst	tem			
		Maximum '	Trench De	pth of	24	inches, meas	sured on lo	ow side of tr	ench
		Trench width:	3		feet	Effective Tren	ch Width:	4	ft
	Ab	sorption Area:	600		ft ²	Minimum Line	ar Length:	200	ft
MANI	FOLD	Length (ft):	3		Diameter:	4" sch 80 pvo	3	Elevation:	100.74
		# Taps	3		Tap Configura	ation: 6in. spac	cing, 1 sid	e of manifol	d
TAP (CHART								
		Relative			Tap Size/	flow/tap		LTAR	
Line	Color	Elevation	Length	(ft)	Schedule	gpm	gpd/ft	(gpd/ft ²)	
1	В	99.74	40	- 95	3/4"sch 80	10.10	1.817	0.606	
2	R	99.65	55 _						
3	W	99.49		55	1/2"sch 80	5.48	1.703	0.568	
4	Y	99.23		55	1/2"sch 80	5.48	1.703	0.568	
	Т	otal Drainline:		205	Total Flow:	21.06			
						Tai	rget LTAR*:	0.60	
PUMI	CALCUL	ATIONS				L	TAR + 5%:	0.630	
Dose	Volume:	100.40	gallons, w	ith Pip	e Volume at	75	%	*65.3gal/100f	pipe
Dose	Pump Run	Time (min):	4.77		Daily	Pump Run Ti	me (min):	17.09	
Draw	down (in.):	100	gallons	+	20.25	gal/ inch =	4.96	inches	
Pump	Tank Elev	ration (ft):	99.17	7	Pump	Elevation (ft):	94.17		
Frictio	on Head:	1.39	*Hazen Willi	ams Fo	rmula (use supply	line length+70' fo	or fittings in p	oump tank)	
Eleva	tion Head:	6.6							
Desig	n Head:	2.0			Tota	Dynamic Hea	ad (TDH):	9.96	.ft
Pump	to Deliver	21.1	gpm	@	10.0	ft TDH			
NEMA	A 4X Simple	ex Control Pan	el with elap	osed t	ime meter, eve	ent counter, au	idible and	visible alarr	n (w/
		nand-off-autom							
		ttom shall be m							
		er is required. F				-			•
		Septic Tank:			100	Possible Se			
		e Pump Tank:				-	1000		20.25
		ossible Pump:				- 11000001 1000		14	
		Control Panel:			12	5)			N

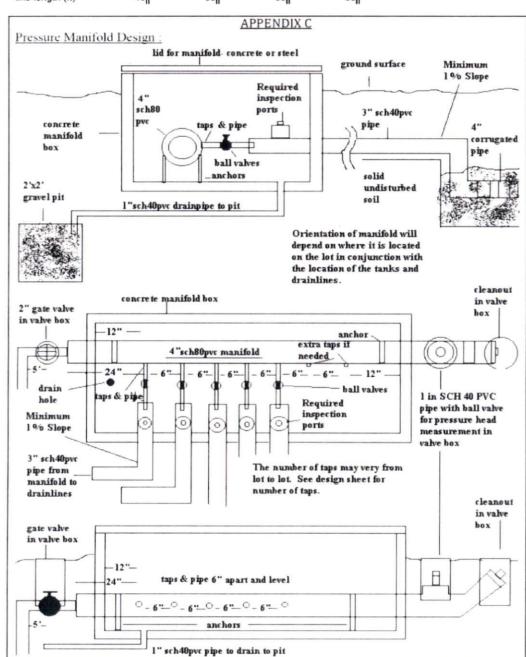
INITIAL WASTEWATER SYSTEM

Pressure Manifold Diagram



Typical

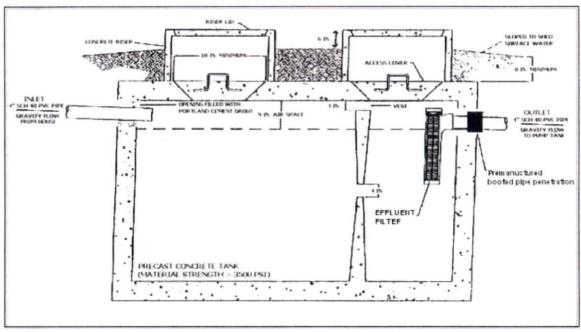
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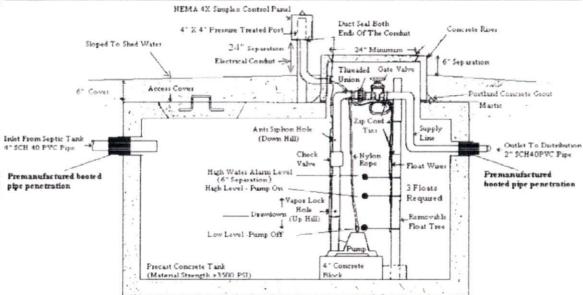


INITIAL WASTEWATER SYSTEM

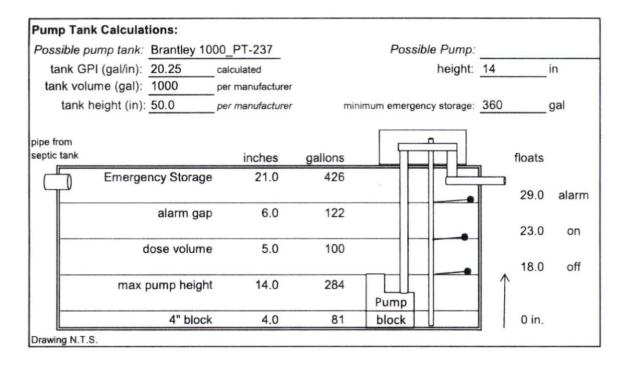
Typical Septic Tank

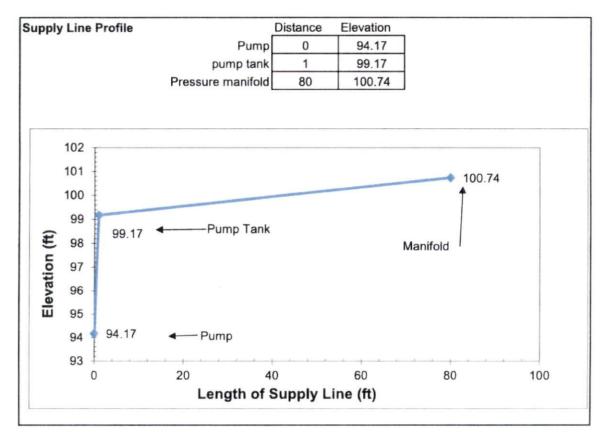
1000 GALLON SEPTIC TANK, minimum





INITIAL WASTEWATER SYSTEM



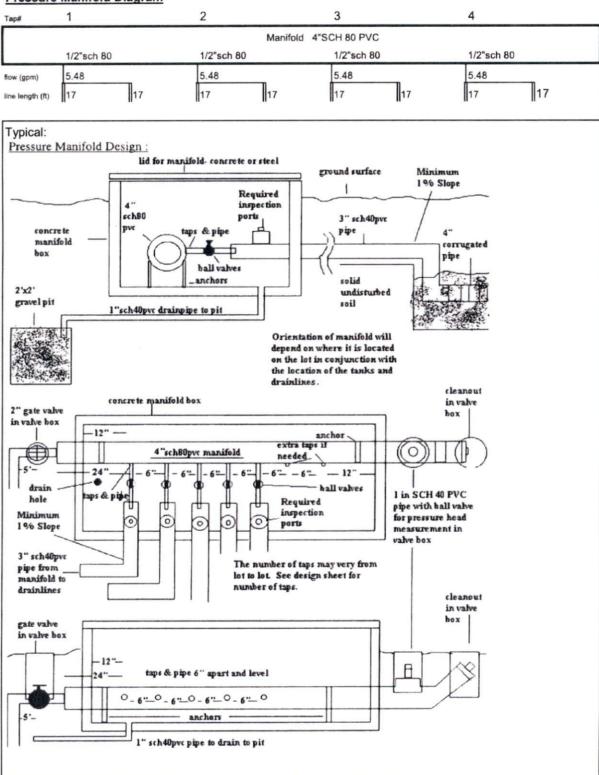


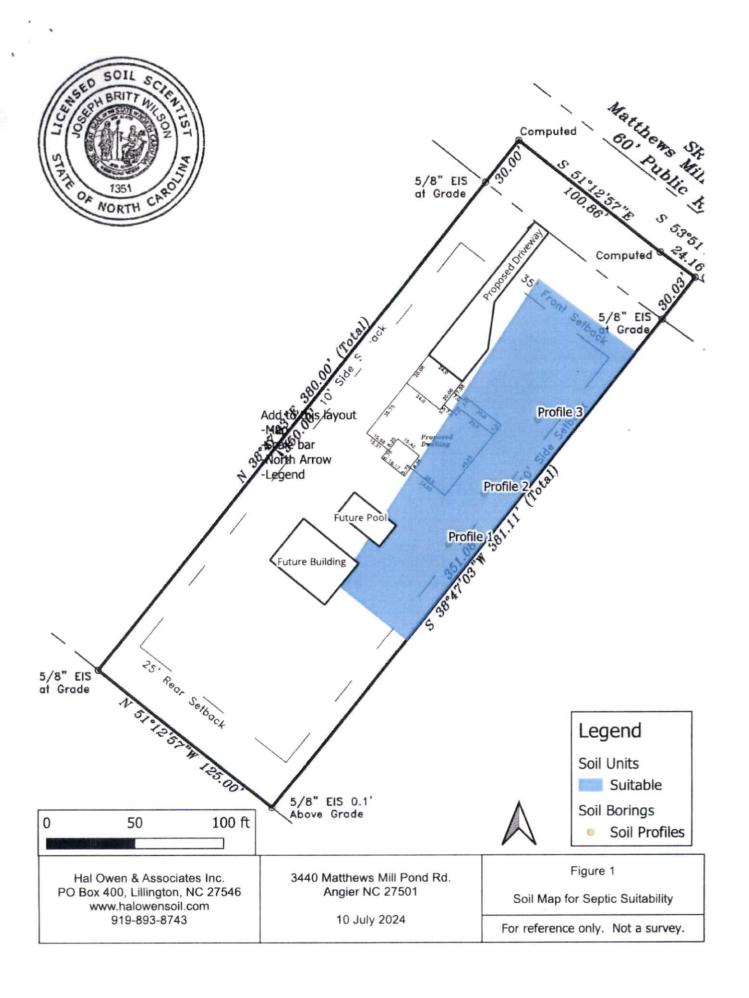
REPAIR WASTEWATER SYSTEM

DESIGN DAILY FLOW			360	gallons/day		SOIL LTAR:	0.45	gpd/ft ²	
TAN	(S (min	imum)		Septic Tank	1000	gallons	Pump Tank	1000	gallons
SUPF	LY LIN	E	Length (ft):	215	Diameter:	2	" sch 40 pvo	;	
			Min total flow (g						
TRE	ICHES		Drainline Type:	PPBPS, horizo	ontal				
			Maximum Tr	ench Depth of	24	inches, me	asured on lov	w side of tre	ench
			Trench width:	3		Effective Tr	ench Width:	6	ft
		A	Absorption Area:	400	ft ²	Minimum L	inear Length:	133	ft
						÷ 4.33	ft per panel :	31	panels
PRES	SURE	MANIF	OLD						
			# Taps	4	Tap Config	uration: 6in.	spacing, 1 si	de of mani	fold
			Length (ft):	3.5	Diameter:	4" sch 80 p	vc	Elevation:	99.76
TAP	CHART								
Тар				Number of	Run	Line	Tap Size/	Flow/tap	LTAR
#	Line #	Color	Elevation (ft)	Panels	Length(ft)	Length (ft)	Schedule	(gpm)	(gpd/ft ²)
1	5	R	98.76	4	17	34	1/2"sch 80	5.48	0.882
	6	W	98.56	4	17				
3	7	Y	98.25	4	17	34	1/2"sch 80	5.48	1.765
	8	В	97.99	4	17				
5	9	R	97.69	4	17	34	1/2"sch 80	5.48	1.765
	10	W	97.37	4	17				
7	11	Υ	97.11	4	17	34	1/2"sch 80	5.48	0.882
	12	В	96.82	4	17				
			Totals:	32	136		Total Flow:	21.92	
							Т	arget LTAR*:	0.90
Pun	ip Cal	culati	ons:					LTAR + 5%:	0.945
Num	ber of P	anels:	32						
	Dose Vo	olume:	115.2	gallons		# of panels 1	3.6	gallons/ pa	nel
		Dose F	ump Run Time:	5.26	minutes	Dose volun	ne/total flow		
		Daily F	ump Run Time:	16.42	minutes	Daily Flow/	total flow		
Draw	down (ir	n.):	115	gallons +	20.25	gal/ inch =	5.69	inches	
Pump	Tank E	Elevatio	on (ft):	99.17	Pump E	levation (ft):	94.17		
Friction	on Head	i:		*Hazen Williams F	ormula (use s	upply line lengt	h+70' for fittings	in pump tank	()
Eleva	tion He	ad:	5.59	Design Head:	2.0		Total Head:	10.43	feet
Pump	to Deli	ver:	21.92	gpm @	10.43	ft head			

REPAIR WASTEWATER SYSTEM

Pressure Manifold Diagram





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AOWE EVALUATION

Soil/Site Evaluation Form for On-Site Wastewater System

OWNER NAME:	William Stamey, Triverse	Builders LLC		
PROPOSED FACILITY:	Residential	DESIGN DAILY FLOW:	360	WATER SUPPLY Public Water
LOCATION OF SITE:	3440 Matthews Mill Pond	Rd., Angier NC 27501	PIN:	0671-49-1919
WASTEWATER TYPE:	Domestic		COUNTY:	Harnett
EVALUATION METHOD	: AUGER BORING X	PIT		CUT
EVALUATED BY:	Britt Wilson, LSS#1351		DA	TE EVALUATED: 6-21-2024
	INITIAL SYST	EM		REPAIR SYSTEM
AVAILABLE SPACE	600 ft ² trench bott	om	400	ft ² trench bottom
SYSTEM TYPE	Accepted (25% re	eduction) System		PPBPS, horizontal
SITE LTAR	0.45 gpd/ft ²		0.45	gpd/ft ²
MAX TRENCH DEPTH	24 inches (measu	red on downhill side)	24	inches (measured on downhill side)
SITE CLASSIFICATION	Suitable	OTHE	R FACTORS	

PROFILE 1

COMMENTS:

COMMENT					-		
PROFILE C	LASSIFICAT	ION	Suitable	LTAR gpd/ft ²	0.45	SLOPE CORRECTION (IN)	0.9
						SLOPE %	2.5
						RESTRICTIVE HORIZON	NA
						SAPROLITE CLASS	NA
40-48+	10YR 7/6	FI	CL	SBK	SEXP	SOIL DEPTH	48"+
34-40	10YR 7/6	FI	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/1
10-34	10YR 6/4	FI	SCL	SBK	SEXP	SOIL WETNESS DEPTH	40"
0-10	2.5YR 6/2	FR	SL	GR	SEXP	LANDSCAPE POSITION	н
DEPTH		TENCE			LOGY		
HORIZON	COLOR	CONSIS	TEXTURE	STRUCTURE	MINERA	OTHER PROFILE FAC	CTORS

PROFILE 2

HORIZON	COLOR	CONSIS	TEXTURE	STRUCTURE	MINERA	OTHER PROFILE FACTORS	
DEPTH		TENCE			LOGY		
0-16	2.5Y 6/2	FR	SL	GR	SEXP	LANDSCAPE POSITION	Н
16-38	10YR 7/6	FI	SCL	SBK	SEXP	SOIL WETNESS DEPTH	38"
38-48+	10YR 7/6	FI	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/1
						SOIL DEPTH	48"+
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	4
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.45	SLOPE CORRECTION (IN)	1.4
COMMENT							

PROFILE 3

PROFILE CLASSIFICATION COMMENT			Suitable	LTAR gpd/ft ²	0.45	SLOPE CORRECTION (IN)	1.4
						SLOPE %	4
						RESTRICTIVE HORIZON	NA
						SAPROLITE CLASS	NA
41-48+	10YR 7/6	FI	SCL	ABK	SEXP	SOIL DEPTH	48"+
18-41	10YR 7/6	FI	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/1
8-18	10YR 6/4	FI	SL	GR	SEXP	SOIL WETNESS DEPTH	41"
0-8	2.5YR 6/2	FR	SL	GR	SEXP	LANDSCAPE POSITION	н
DEPTH		TENCE			LOGY		
HORIZON	COLOR	CONSIS	TEXTURE	STRUCTURE	MINERA	OTHER PROFILE FACTORS	

Soil/Site Evaluation Form for On-Site Wastewater System

LEGEND OF ABBREVIATIONS

LANDSCAPE		TEXTURE	D OT ABBRE	TEXTURE		LTAR	
POSITION		GROUP		CLASS		(gal/day/sqft)	
CC - Concave Slope		1		S - Sand		1.2-0.8	
CV - Convex Slope				LS - Loamy	Sand		
DS - Debris Slump							
D - Depression		II SL - Sandy		Loam	0.8 - 0.6		
DW - Drainage Way				L - Loam			
FP - Flood Plain							
FS - Foot Slope		111		SCL - Sandy Clay Loam		0.6 - 0.3	
H - Head Slope				CL - Clay Loam			
L - Linear Slope	L - Linear Slope			SiL - Silt Loam			
N - Nose Slope				Si - Silt			
R - Ridge				SiCL - Silt Clay Loam			
S - Shoulder Slope							
T - Terrace		IV		SC - Sandy Clay		0.4 - 0.1	
TS - Toe Slope				C - Clay			
				SiC - Silty Clay			
				O - Organic		none	
STRUCTURE		MOIST CONSIS	STENCE		WET CONSISTE	NCE	
G - Single Grain		VFR - Very Friable			NS - Non Stick		
M - Massive		FR - Friable		SS - Slightly Sticky			
CR - Crumb		FI - Firm		MS - Moderately Stick			
GR - Granular		VFI - Very Firm			VS - Very Sticky		
SBK - Subangular Blocky		EFI - Extremely Firm					
ABK - Angular Blocky				NP - Non Plastic			
PL - Platy		MINERALOGY			SP - Slightly Plastic		
PR - Prismatic		SEXP - Slightly Expansive			MP - Moderately Plastic		
		EXP - Expansive		VP - Very Plastic			
MOTTLES	f – few		1 - fine		F - Faint		
	c – common		2 - medium		D - Distinct		
m – many		3 - coarse		P - Prominent			

Give Horizon Depth in inches below natural soil surface and Fill Depth in inches above land surface.

Depth to Soil Wetness: inches below land surface to free water or to soil colors with chroma 2 or less.

Classification:

S - Suitable

U - Unsuitable

All soil characteristics were described in accordance with the USDA Field Book for Describing and Sampling Soils. The soils were evaluated under moist soil conditions. This evaluation included observations of topography and landscape position, soil morphology (texture, structure, clay mineralogy, organics), soil wetness, soil depth, and restrictive horizons.

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TERMS AND CONDITIONS

This AOWE Evaluation is intended to file a Notice of Intent to construct a wastewater system with the Local Health Department and shall expire in five years. This evaluation is not a permit to develop. The owner and subcontractors will need to abide by all state and local rules and regulations pertaining to planning, zoning, and land use development.

Notice of Intent to Construct – Prior to commencing or assisting in the construction, siting, relocation, or repair of a wastewater system, a complete Notice of Intent (NOI) to Construct a wastewater system using an AOWE must be submitted to the Local Health Department (LHD). The owner may apply for a building permit for the project upon submitting a complete NOI and the required fee.

<u>Plan Alterations</u> – If there are any changes in the site plan that can impact the wastewater system, such as moving the house or driveway, site alterations, or if the applicant chooses to change the design daily flow prior to wastewater system construction, a new NOI shall be submitted to the LHD. The applicant shall request in writing that the PE or AOWE invalidate the prior NOI with a signed letter sent to the applicant and LHD.

<u>Site Alterations</u> – The applicant shall be responsible for preventing modifications or alterations of the site for the wastewater system and the system repair area before, during, and after any construction activities for the facility, unless approved by the AOWE.

On-Site Wastewater System Contractor – The AOWE shall assist the owner in the selection of a certified on-site wastewater system contractor who shall be under contractual obligation to the owner and have sufficient errors and omissions, liability, or other insurance for the system constructed.

<u>Inspections, Construction Observations, and Reports</u> – The AOWE shall make periodic visits to the site to observe the progress and quality of the construction of the wastewater system.

<u>Authorization to Operate (ATO)</u> – Upon determining that the wastewater system has been properly installed and is capable of being operated in accordance with the conditions of the permit, the AOWE shall provide the owner with a report that includes inspection reports, a written operation and management program, any special reports, and an Authorization to Operate. The owner shall sign confirming acceptance and receipt of the report, and then provide a copy to the LHD who will issue the certificate of occupancy for the facility.

Operation and Management – The owner shall be responsible for continued adherence to the operations and management program established by the AOWE. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function satisfactorily for any given period of time.

<u>Change in System Ownership</u> – An authorized wastewater system shall be transferrable to a new owner with the consent of the AOWE. The new owner and the AOWE shall enter a contract for the wastewater system.

Revocation – The AOWE permit is subject to revocation if the site plan, plat, or the intended use changes. This permit is subject to compliance with the provisions of the laws and Rules for Wastewater Treatment and Dispersal Systems and to the conditions of this permit.

Repair of Malfunctioning Systems – The owner may apply for an Improvement Permit and a Construction Authorization from the LHD or obtain a NOI from an AOWE to repair a malfunctioning wastewater system.