

HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington, NC 27546-0400
Phone (910) 893-8743 / Fax (910) 893-3594
www.halowensoil.com

Project Name: _____

County: _____ LHD Reference: _____

Provided to:

Name: _____

Address: _____

I, _____, acknowledge receipt of the

Licensed Soil Scientist Report which includes:

- Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k)
- Operation and Management Program
- Authorization to Operate

I accept the septic system installation and understand that I will be responsible for continued adherence to the Operations and Management program established by the AOWE.

Drew Brody

Signature

Date

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6 September 2024

Mattamy Homes, LLC
11000 Regency Parkway, Suite 110
Cary, NC 27518

Reference: LSS Report for Authorization to Operate (ATO)
167 Bering Cir, Lot 10
LHD # SFD2404-0019

Dear Mattamy Homes, LLC,

This LSS Report is being provided pursuant to and meets the requirements of G.S. 130A-336. This report is based on information provided by the property owner or their representative. Hal Owen & Associates, Inc. is not responsible for false or misleading information that may have been provided to us in pursuit of this permit, nor for concealed conditions on the property. Hal Owen & Associates Inc. does not warrant that the septic system will continue to function satisfactorily in the future.

The septic system for the above referenced property has been installed and was inspected by Hal Owen & Associates staff on 27 August 2024. The system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the AOWE Permit. The system was installed in conformance with the Permit design and specifications. Enclosed with this report are the *Septic System Final Inspection Report*, *As-Built map* (Figure 1), and *Operation and Management Program*.

Your next step is to sign a document confirming receipt of this report and acceptance of the installed system. You will need to submit to the Local Health Department (LHD) the signed report and its attachments. The LHD shall issue a certificate of occupancy upon receipt of a complete ATO.

I appreciate the opportunity to provide this service. If you have any questions or need additional information, please contact me at your convenience.



Sincerely,

A handwritten signature in black ink that reads "Hal Owen".

Hal Owen
Licensed Soil Scientist
Authorized Onsite Wastewater Evaluator

Contacts

APPLICANT

Applicant Name	Mattamy Homes, LLC
Mailing Address	11000 Regency Parkway, Suite 110 Cary, NC 27518
Telephone Number	919-625-9546
E-mail Address	Drew.Brody@mattamycorp.com

SOIL SCIENTIST

Company Name	Hal Owen & Associates, Inc.
Mailing Address	PO Box 400, Lillington, NC 27546
Telephone Number	910-893-8743 Fax: 910-893-3594
E-mail Address	hal@halowensoil.com
Licensed Soil Scientist	Hal Owen, LSS#1102 and AOWE# 10036E
System Designer	Jocelyn Proulx
System Inspector	Jocelyn Proulx #9943I

INSTALLER

Company Name	Brantley & Sons
Mailing Address	37 Pine Ridge Rd, Zebulon, NC 27597
Telephone Number	(919) 404-9511
Installer & Certification #	Cory Brantley #1036

LOCAL HEALTH DEPARTMENT

Agency Name	Harnett County Health Department Environmental Health Division
Mailing Address	307 W Cornelius Harnett Blvd, Lillington, NC 27546
Telephone Number	(910) 893-7547
LHD Application #	SFD2404-0019

Septic System Final Inspection Report

Facility Type	Single Family Residence
Wastewater Type	Domestic
Water Supply	Public
Design Wastewater Flow	480 gpd
Soil LTAR	0.50

Installation

Date	27 August 2024
System Inspector	Jocelyn Proulx, #9943I
Installer	Cory Brantley #1036

Septic Tank:

Volume (gallons)	1000
Brand and Tank ID#	DB STB 502
Date of Manufacture	5/21/24
Certified watertight	NA
Distance to Structure	6'
Elevation of tank inlet	3' 7 1/2"
Elevation of tank outlet	3' 9 1/2"

Effluent Filter:

Make and Model	SIMTECH STF 110
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Distribution:

Supply Line Length to Distribution	70'
Supply Line Diameter	3"
Distribution Device:	Distribution Box
Number of outlets (laterals)	3

Drainfield:

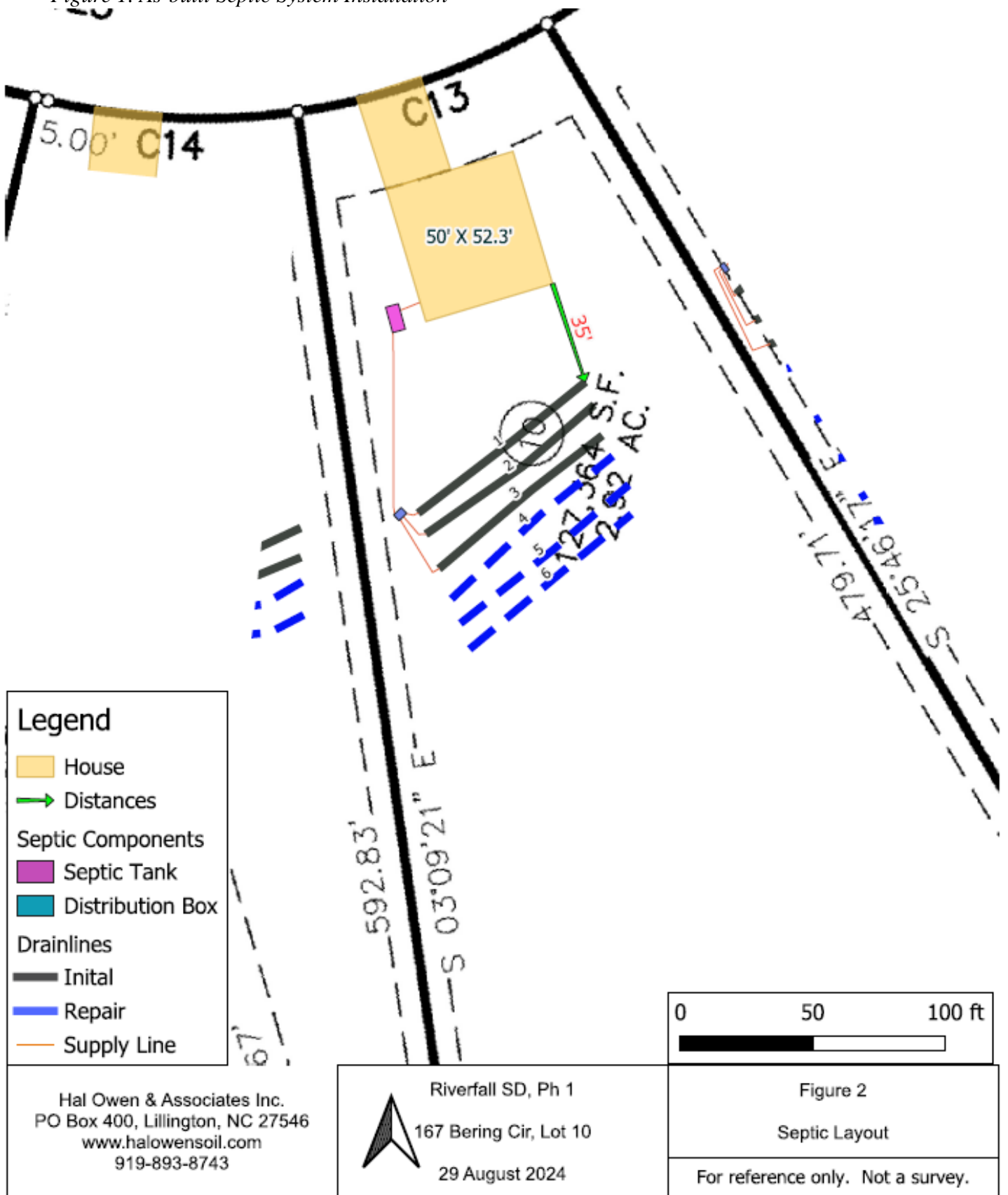
Type	EZ Flow
Distance to Structure	35'
Distance to Well	NA

Trench Depth	24"	Trench width	36"
Trench Spacing	9'	Aggregate	Polystyrene
	<u>Length (ft)</u>	<u>Start</u>	<u>Middle</u>
Line 1	80	7' 0"	7' 0"
Line 2	80	7' 9"	7' 9"
Line 3	8	8' 5 1/4"	8' 5 1/4"
Total	240		

All elevations are given as relative grade rod reading.

Notes:

Figure 1. As-built Septic System Installation







Operation and Management Program

In accordance with G.S. § 130A-336.2, the owner is responsible for continued adherence to the operations and management program. Septic systems safely treat and dispose of wastewaters produced in the bathroom, kitchen, and laundry. These wastewaters may contain disease-causing germs and pollutants that must be treated to protect human health and the environment. Septic systems must be properly used, operated, and maintained by the homeowner to assure the long-term performance of the system.

PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
Other: _____
Subsurface system operator required? Yes _____ No X
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

KNOW WHERE YOUR SEPTIC SYSTEM IS LOCATED

Your property has an onsite subsurface sewage waste disposal system. Familiarize yourself with the location of the system including the tanks, distribution devices, and disposal fields (including repair area). These areas shall be protected from excavation, building additions, outbuildings, pool construction, and soil disturbing activities. Prohibit vehicular traffic over the ground absorption field.

DAY-TO-DAY MANAGEMENT

Don't use too much water.

- ◆ The drainfield does not have unlimited capacity.
- ◆ Typical daily water use is 50 gallons per person.
- ◆ The soil drainfield usually has a maximum daily design capacity of 120 gallons per bedroom, even for short periods of time.
- ◆ Overloads can occur seasonally, daily, or on the weekend.
- ◆ Water conservation will extend the life of your system.
- ◆ Repair dripping faucets and toilets.

Limit disposal to sewage.

- ◆ Don't use your septic tank as a trash can for cigarette butts, tissues, sanitary napkins, cotton swabs, cat box litter, coffee grounds, or disposable diapers.
- ◆ Restrict the use of your garbage disposal. These add quite a lot of extra solids.
- ◆ Don't pour grease or cooking oil down the drain.
- ◆ Don't poison your system with harmful chemicals such as solvents, oils, paints, thinners, discarded medications, disinfectants, pesticides, poisons, and other substances.
- ◆ Save money. Commercial septic tank additives are usually not necessary.

Protect the system from physical damage (site maintenance).

- ◆ Keep the soil over the drainfield covered with vegetation to prevent soil erosion.
- ◆ Don't drive vehicles over the system.
- ◆ Avoid construction over the system and repair area.
- ◆ Don't cover the tank or drainfield with asphalt or concrete.
- ◆ Do not install irrigation systems over your drainfield as these could damage the system and/or hydraulically overload the soils.

Dispose of all wastewater in an approved system.

- ◆ Don't put in a separate pipe to carry wash waters to a side ditch or the woods. This is illegal.
- ◆ Don't connect pipes from air conditioners or ice makers to the septic system.

PERIODIC MAINTENANCE AND REPAIR

Home and yard (site maintenance):

- ◆ Protect and maintain the site of your septic tank and drainfield.
- ◆ In the drainfield area, cut down and remove trees that like wet conditions. This includes willows, elms, sweetgums, and some maples.
- ◆ Landscape the yard to divert surface waters away from the tank and drainfield. Eliminate depressional areas within the drainfield.
- ◆ Be sure that the water from the roof, gutters, and foundation drains does not flow over the system.
- ◆ Maintain drainage ditches, subsurface tiles, and drainage outlets so that water can flow freely from them.

Septic tank:

- ◆ Ensure tank risers remain accessible for measuring and pumping solids as well as cleaning the effluent filter.
- ◆ Measure how quickly sludge and scum accumulate in the tank. Pump septage when solids occupy 1/3 to 1/4 of the liquid capacity of the tank (frequency 1 to 3 years).
- ◆ Don't wait until your drainfield fails to have your tank pumped. By then, the drainfield may be ruined. With septic systems, an ounce of prevention is worth a ton of cure!

Table 1. Estimated septic tank inspection and pumping frequency (in years). Tank Size (gallons)

Tank Size (gallons)	Number of People Using the System				
	1	2	4	6	8
900	11	5	2	1	<1
1000	12	6	3	2	1
1250	16	8	3	2	1
1500	19	9	4	3	2

SIGNS OF POSSIBLE SEPTIC SYSTEM PROBLEMS

- ◆ Sewage backing up into your toilets, tubs, or sinks.
- ◆ Slowly draining fixtures, particularly after it has rained.
- ◆ The smell of raw sewage accompanied by soggy soil or sewage discharged over the ground or in nearby ditches or woods.
- ◆ Don't attempt to repair a failing system yourself. Get a repair permit and hire an experienced contractor.

REGULATIONS AND PRECAUTIONS:

- ◆ Sewage contains germs that can cause diseases. Never enter a septic tank. Toxic and explosive gases in the tank present a hazard. Old tanks may collapse. Electrical controls present a shock and spark hazard. Secure the septic tank lid so that children cannot open it.

For more information about septic systems, contact your county Extension agent or local health department. <https://content.ces.ncsu.edu/septic-system-owners-guide>

PREVENTIVE MAINTENANCE RECORD

Your Septic System Pumper

Name: _____

Address: _____

Phone: _____ Email: _____

Date System Installed:

Date	Work Done	Firm	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2024

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).

PRODUCER SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	CONTACT NAME: Certificate Administrator PHONE (A/C. No. Ext): 910-478-3373 E-MAIL ADDRESS: certs@siagroup.com		FAX (A/C. No.): 910-455-7481													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Owners Insurance Company</td> <td>32700</td> </tr> <tr> <td>INSURER B : Auto-Owners Insurance Company</td> <td>18988</td> </tr> <tr> <td>INSURER C : FFVA Mutual Insurance Co.</td> <td>10385</td> </tr> <tr> <td>INSURER D : Westchester Surplus Lines Insurance</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Owners Insurance Company	32700	INSURER B : Auto-Owners Insurance Company	18988	INSURER C : FFVA Mutual Insurance Co.	10385	INSURER D : Westchester Surplus Lines Insurance		INSURER E :		INSURER F :
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INSURED David Brantley & Sons, Inc. 37 Pine Ridge Road Zebulon NC 27597	DAVIBRA-02															

COVERAGES

CERTIFICATE NUMBER: 1916409639

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35506165	7/2/2023	7/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			53-914661-00	7/2/2023	7/2/2024	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 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5391466101	7/2/2023	7/2/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC850-0050098-2023A	7/2/2023	7/2/2024	<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 D	Contractors Equipment Pollution			35506165 G71661957002	7/2/2023 8/10/2023	7/2/2024 8/10/2024	Leased/Rented Limit \$50,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Hal Owen & Associates
 PO Box 400
 Lillington NC 27546
 USA

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

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