

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

15 January 2025

Raul Garcia
72 Electric Ln
Sanford, NC

Reference: Notice of Intent to Revoke AOWE Permit (**HOA-AOWE-2412-01**)
LHD# SFD2404-0126
26 Electric Ln; PIN 9577-84-3855

Dear Mr. Garcia,

The intent of this letter is to revoke the above referenced AOWE Permit. This revocation is being provided upon your request due to a change in the site plan as well as changes to the dispersal field. You will need to apply for a new wastewater permit that meets the requirements of current regulations.



Sincerely,

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

Hal Owen
Licensed Soil Scientist
Authorized Onsite Wastewater Evaluator

AOWE Evaluation
LHD# SFD2404-0126

26 Electric Ln, Harnett Co., NC



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: Raul Garcia
 Mailing address: 72 Electric Ln City: Sanford State: NC Zip: _____
 Phone: 919-895-9836 Email: garcias.tile.concrete.masonry@gmail.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: 26 Electric Ln
 Tax parcel identification number or subdivision lot, block number of property: _____
 PIN 9577-84-3855 County: Harnett

System Information:
 Wastewater System Type: Ila
 Daily Design Flow: 600 gpd
 Saproлите System: ___ Yes No Subsurface Operator Required: ___ Yes No
 Water Supply Type: ___ Private Well Public Water Supply ___ Spring ___ Other: _____

Facility Type:
 Residential 5 # Bedrooms 10 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 15 day of January, 2025 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 15 day of January, 2030.
 Signature of Authorized Onsite Wastewater Evaluator: *Hal Owen*
 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: _____



HALOWE1

OP ID: TOW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/06/2024

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 INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB	910-893-5707	CONTACT NAME: SHARON WOODY PHONE (A/C, No, Ext): 910-893-5707 FAX (A/C, No): 910-893-2077 E-MAIL ADDRESS: SWOODY@ISCFAY.COM
	INSURER(S) AFFORDING COVERAGE	
INSURED HAL OWEN & ASSOCIATES, INC. PO BOX 400 LILLINGTON, NC 27546	INSURER A : STARSTONE NATIONAL	
	INSURER B :	
	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.

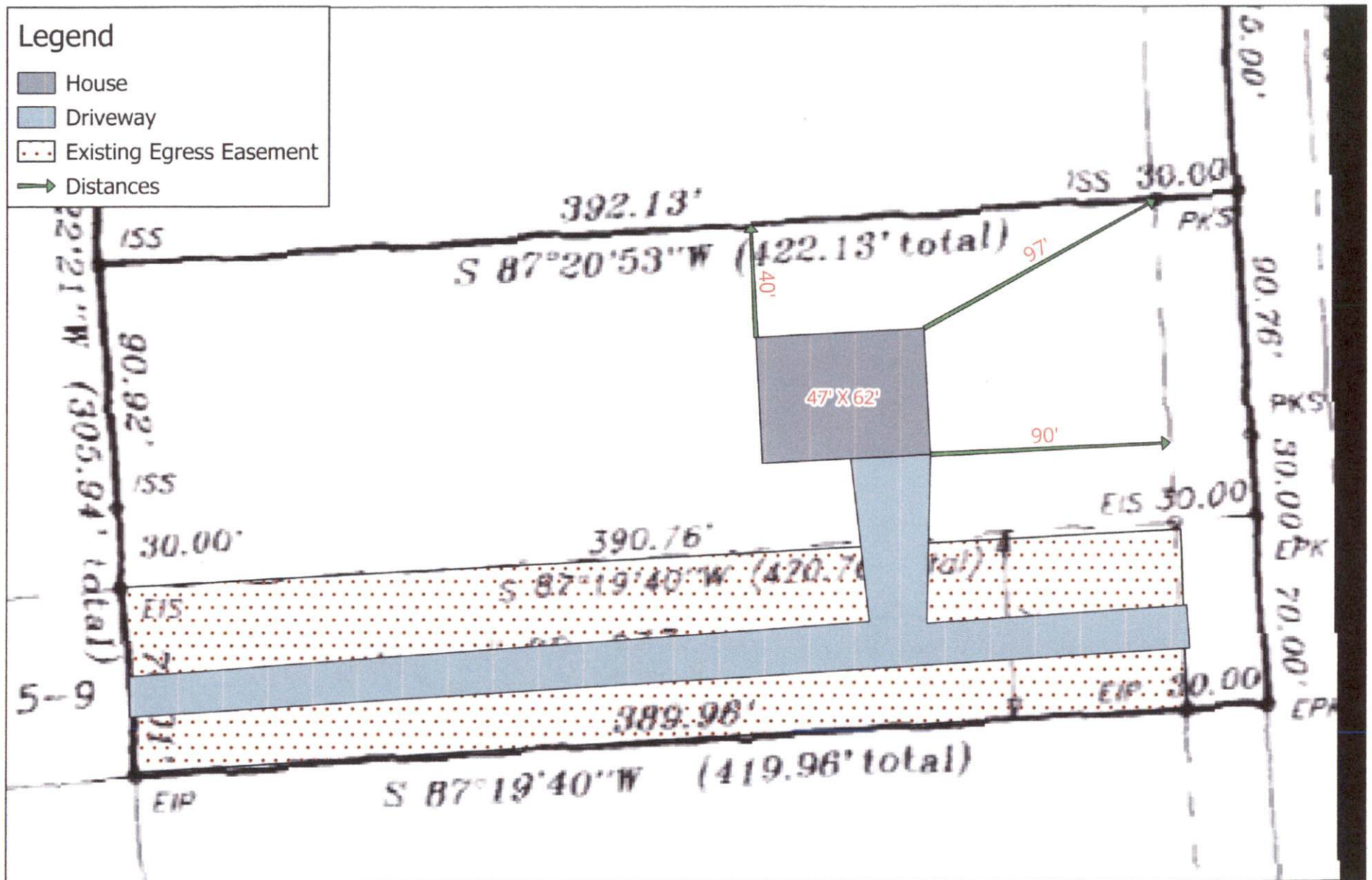
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	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)

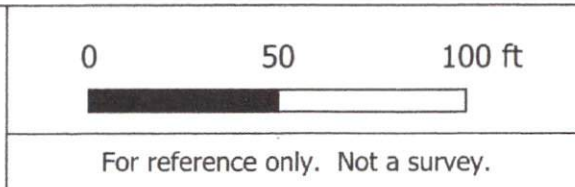
CERTIFICATE HOLDER RAUL GARCIA 72 ELECTRIC LN SANFORD, NC 27332	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Taylor Wallace</i>
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Legend


-  House
-  Driveway
-  Existing Egress Easement
-  Distances



Hal Owen & Associates Inc.
 PO Box 400, Lillington, NC 27546
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 919-893-8743



26 Electric Ln
 Harnett Co., NC
 19 December 2024



Site Plan

AOWE EVALUATION

HAL OWEN ASSOCIATES
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HOA-AOWE-2412-01

Issue date 1/15/2025

Expiration 1/15/2030

APPLICANT INFORMATION

Name	Raul Garcia		
Mailing Address	72 Electric Ln, Sanford, NC		
E-mail Address	Garcias.Tile.concrete.masonry@gmail	Telephone Number	919-895-9836

PROPERTY IDENTIFIERS

County	Harnett	PIN	9577-84-3855
Size (Acre)	1.845	County PID	
Site Address	26 Electric Ln		
S/D Name and Lot#			

PROJECT INFORMATION

Wastewater System	Expansion	.0403 Eng Low Flow	No
Wastewater Strength	Domestic	Effluent Standard	DSE
Facility Type	Residential	Water Supply	Public Water
Design Wastewater Flow	600 gpd	gal/unit	120
Basis for Flow	5 bedrooms	max occupancy	10
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.

Britt Wilson

Hal Owen



AOWE EVALUATION

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WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Permit # HOA-AOWE-2412-01

Proposed Design Daily Flow	<u>600</u> gpd	Drainfield Meets Requirements:
Septic Tank Size (minimum)	<u>1250</u> gallons	.0508 Available Space <u>Yes</u>
Pump Tank Size (minimum)	<u>1250</u> gallons, if required	.0601 Setbacks <u>Yes</u>

Initial System

System Type	<u>Ila – Conventional system with 750 linear ft of trench or less</u>		
Pump Required	<u>No</u>	<u>25.43</u> ft TDH at	<u>31.0</u> GPM
Trenches:	<u>Conventional</u>		
Design LTAR	<u>0.425</u> gal/day/ft ²	Saprolite System	<u>No</u>
Total Trench/ Bed Length	<u>472</u> feet	Fill System	<u>No</u>
Trench Spacing	<u>9</u> ft on center		
Usable soil depth to LC	<u>45</u> inches		
Maximum Trench Depth	<u>24</u> inches, measured on downhill side of trench		
Minimum Soil Cover	<u>6</u> inches		
Artificial Drainage Required	<u>No</u>		

Repair System

System Type:	<u>IIIbe – Pump to PPBPS system</u>		
Pump Required	<u>Yes</u>		
Trenches:	<u>PPBPS, horizontal</u>		
Design LTAR	<u>0.35</u> gal/day/ft ²	Saprolite System	<u>Yes</u>
Total Trench/ Bed Length	<u>286</u> feet	Fill System	<u>No</u>
Trench Spacing	<u>9</u> ft on center		
Usable soil depth to LC	<u>35</u> inches		
Maximum Trench Depth of	<u>18</u> inches, measured on downhill side of trench		
Minimum Soil Cover	<u>6</u> inches		

Potential Drainlines flagged at site on 9-ft centers.

Line #	Color	Relative Elevation (ft)	Drainline Length(ft)	Field Length(ft)
1	B	97.79	86	88
2	R	97.13	100	110
3	W	96.49	100	129
4	Existing	102.18	102	56
5	Existing	101.74	102	56
6	Existing	100.56	102	64
7	Existing	100.13	102	44
8	Existing	99.21	64	64
Septic Tank:		90.23		
Pump Tank:		90.23		
Reference Elev:		100.00		

Repair
Initial

Notes:

- *No grading or removal of soil in initial or repair areas
- *Property lines per owner
- *Trench bottoms shall be level to +/- 1/4" in 10ft
- *All parts of septic system must meet minimum setbacks

AOWE EVALUATION

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HOA-AOWE-2412-01

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 County, well, or riparian ordinances) may require more stringent setbacks than specified in the State 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.

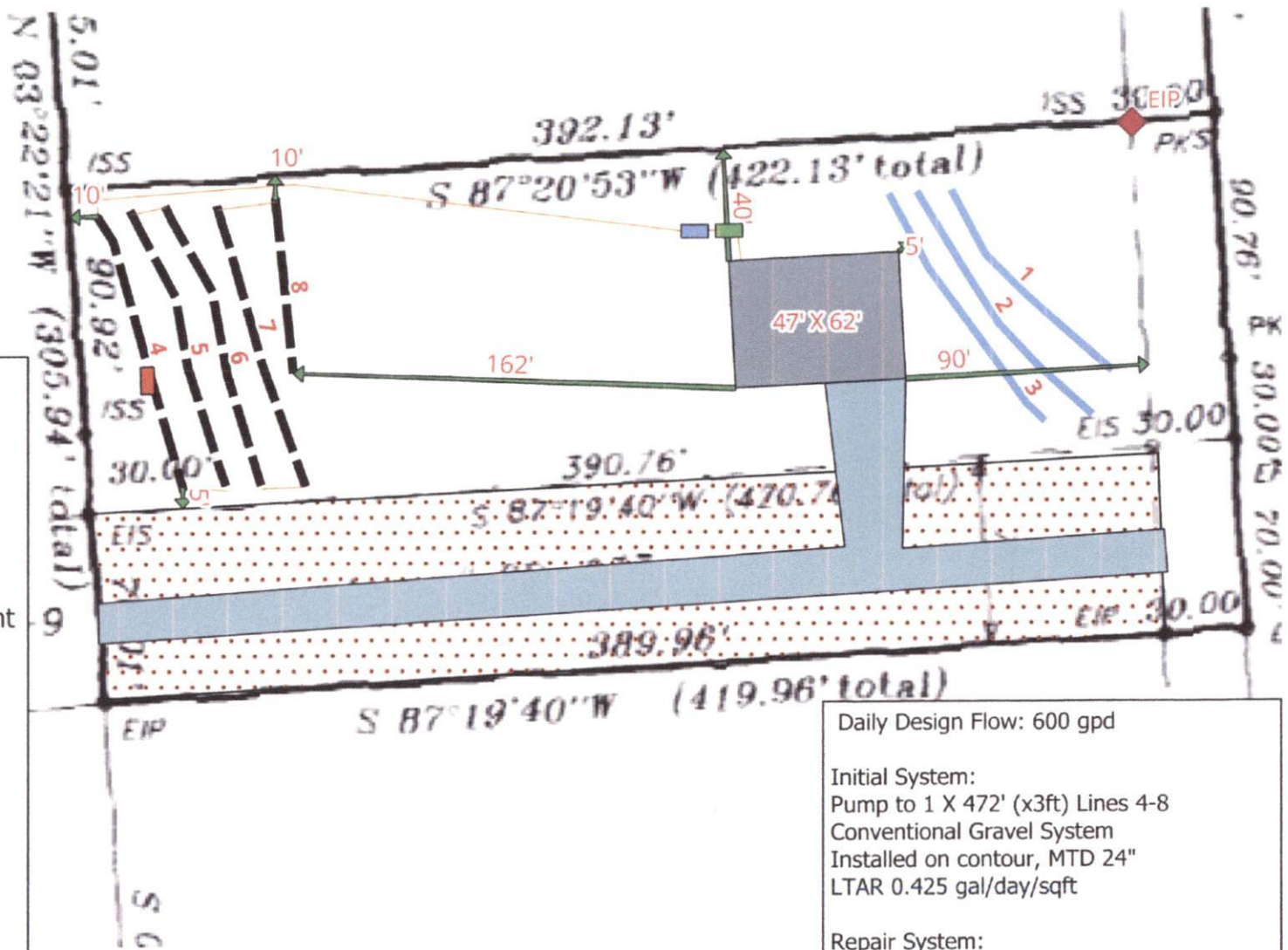
Call Hal Owen & Associates at least five days in advance to schedule 910-893-8743

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

The existing septic tank will need to be properly abandoned.

The septic and pump tanks must be watertight. The installer shall either provide documentation that the tank has been leak tested by the manufacturer or be prepared to run leak testing (hydrostatic or vacuum testing in the ready-to-use-state) at the site

In order to extend existing line 4, a straight pipe shall be utilized to go through the existing septic tank area.



- Legend**
- House
 - Existing Driveway
 - Reference Elevation
 - Distances
 - Existing Egress Easement
- Septic Components**
- Septic Tank
 - Pressure Manifold
 - Distribution Box
 - Pump Tank
 - Existing Septic Tank
- Drainlines**
- Existing
 - Repair
 - Supply Line

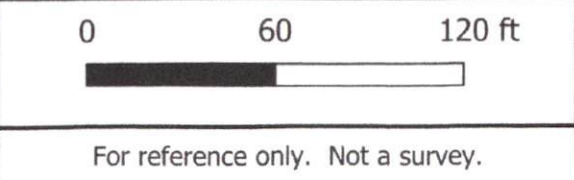
Notes:
 *No grading or removal of soil in initial or repair areas
 *Property lines per owner
 *Trench bottoms shall be level to +/- 1/4" in 10ft

Daily Design Flow: 600 gpd

Initial System:
 Pump to 1 X 472' (x3ft) Lines 4-8
 Conventional Gravel System
 Installed on contour, MTD 24"
 LTAR 0.425 gal/day/sqft

Repair System:
 Pump to 1 X 286' (x3ft) Lines 1-3
 Horizontal PPBPS (50% reduction system)
 Installed on contour, MTD 18"
 LTAR 0.35 gal/day/sqft

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 919-893-8743



26 Electric Ln
 Harnett Co., NC
 15 January 2025



AOWE EVALUATION

HAL OWEN ASSOCIATES
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INITIAL WASTEWATER SYSTEM

Permit # HOA-AOWE-2412-01

Pump System Design Criteria

DESIGN DAILY FLOW 600 gallons **SOIL LTAR:** 0.425 gpd/ft²

TANKS (min) Septic Tank: 1250 gallons Pump Tank: 1250 gallons

SUPPLY LINE Length (ft): 220 Diameter: 2 " sch 40 pvc
Min total flow (gpm) to maintain 2fps scour velocity = 20.9 gpm
Supply Pipe Volume 38 gallons

TRENCHES Drainline Type: Conventional
Maximum Trench Depth 24 inches, measured on low side
Trench height: 12 inches Trench width: 3 ft
Trench Length Factor: 100 % Effective Trench Width: 3 ft
Absorption Area: 1412 ft² Minimum Linear Length: 471 ft
Actual Trench Length: 1 X 472 ft = 472 ft

PUMP CALCULATIONS:

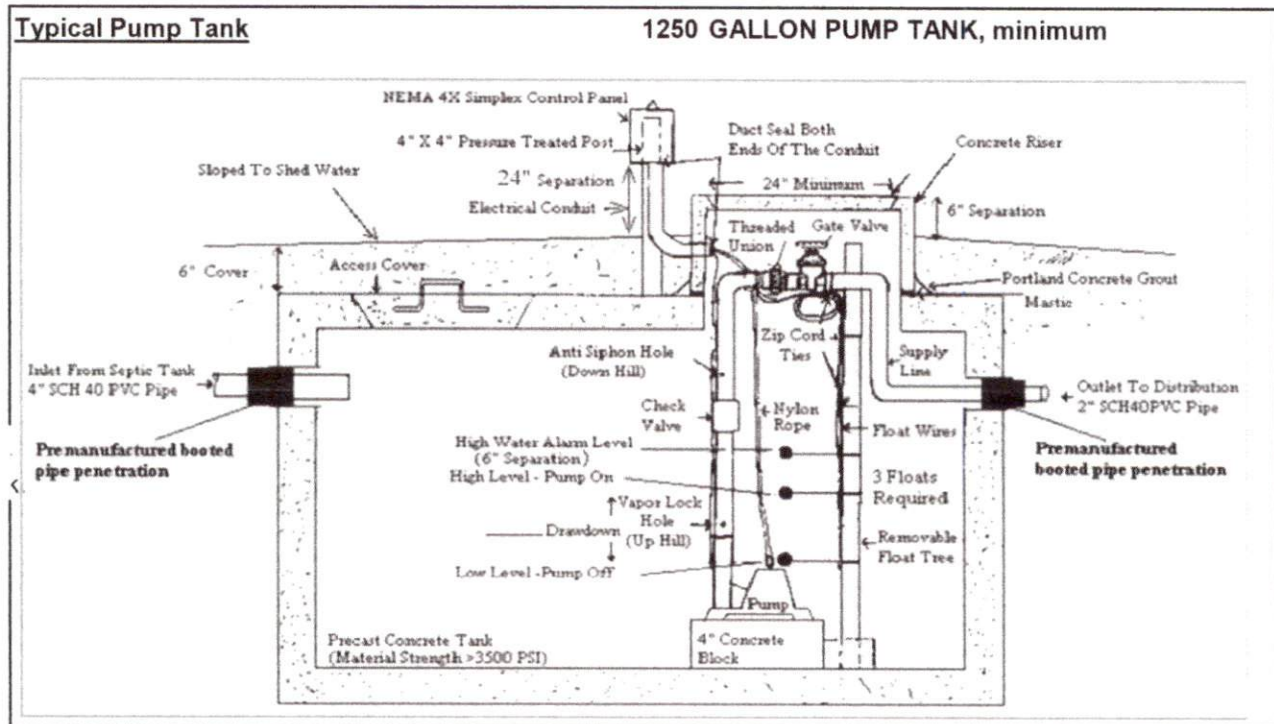
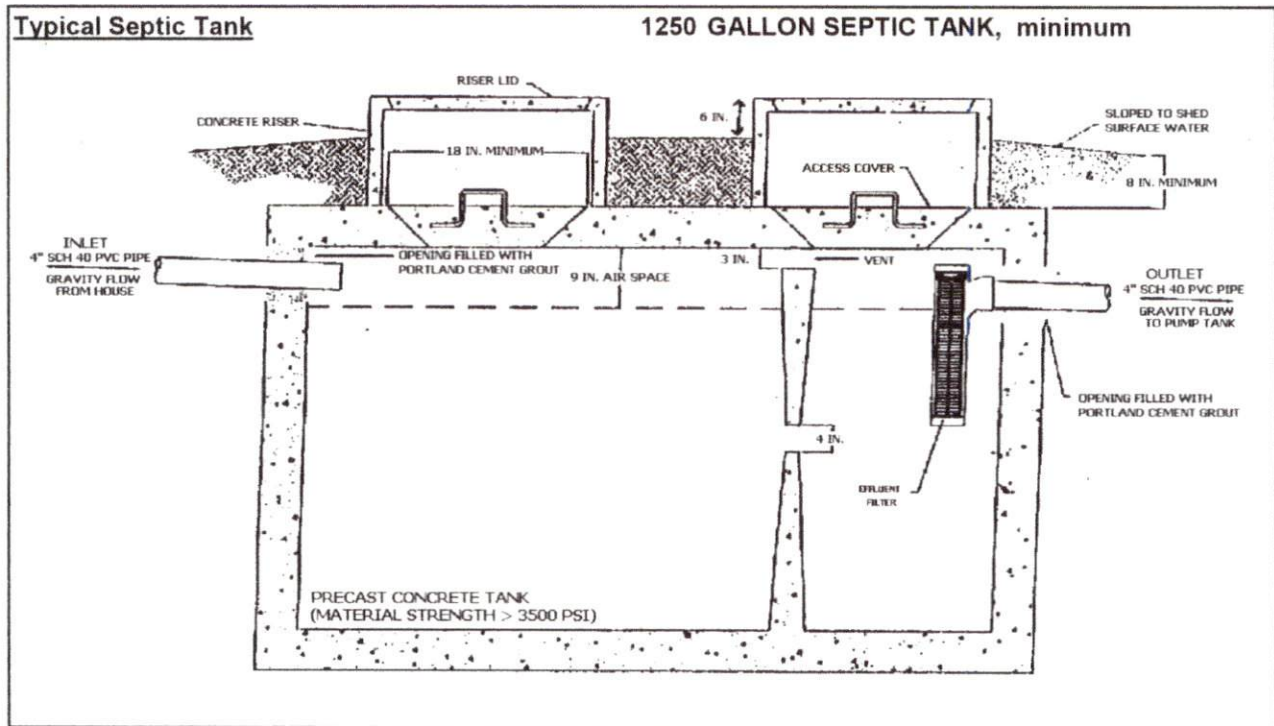
Total Flow: 31 gpm
Daily Pump Run Time 19.35 minutes (Daily Flow/Total Flow)
Dose Volume (gal): 231 gallons, with Pipe Volume at 75 % *65.3gal/100ft pipe
Dose Pump Run Time 7.46 minutes (Dose Volume/Total Flow)
Drawdown (in.): 231 gallons ÷ 28 gal/ inch = 8.26 inches
Pump Tank Elevation (ft): 90.23 Pump Elevation (ft): 85.23
Top Line Elevation: 102.18 feet
Friction Head: 5.48 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)
Elevation Head: 18.0
Design Head: 2.0 Total Dynamic Head (TDH): 25.43 feet
Pump to Deliver: 25.43 ft TDH @ 31.00 gpm

NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1250 STB-323 Septic Filter: _____
Possible Pump Tank: Brantley 1300 PT-459 Vol(gal): 1300 GPI: 28
Possible Pump: _____ pump height (in) = 14
Possible Control Panel: _____

INITIAL WASTEWATER SYSTEM

Permit # HOA-AOWE-2412-01

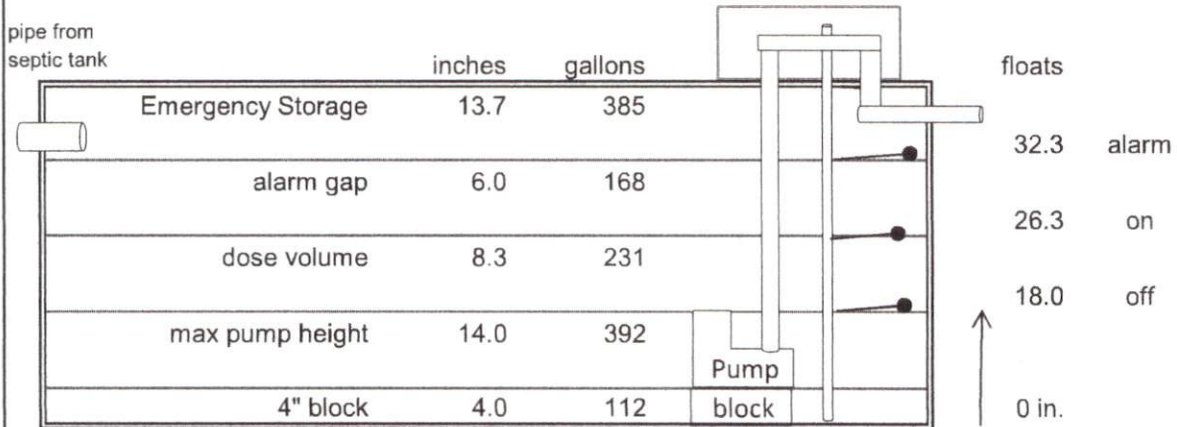


INITIAL WASTEWATER SYSTEM

Permit# HOA-AOWE-2412-01

Pump Tank Calculations:

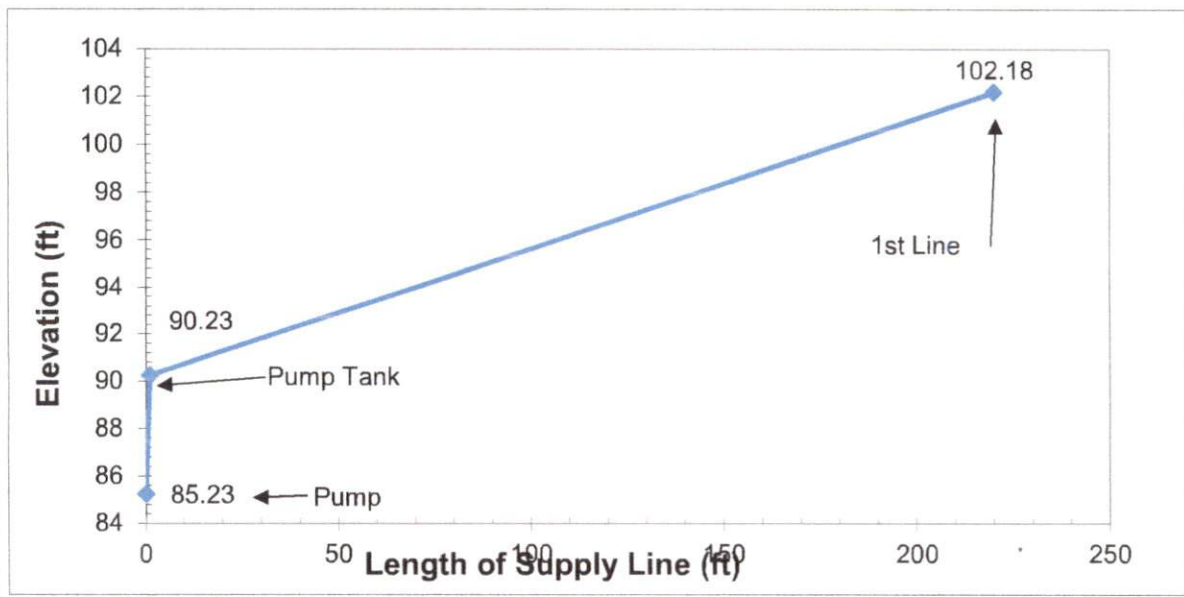
Possible pump tank: Brantley 1300_PT-459 Possible Pump: 0
 tank GPI (gal/in): 28 calculated height (in): 14
 tank volume (gal): 1300 per manufacturer
 tank height (in): 46.0 per manufacturer minimum emergency storage: 300



Drawing N.T.S.

Supply Line Profile:

	Distance	Elevation
Pump	0	85.23
pump tank	1	90.23
Top Line Elevation:	220	102.18
4)		
5)		



AOWE EVALUATION

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REPAIR WASTEWATER SYSTEM

Permit # HOA-AOWE-2412-01

DESIGN DAILY FLOW 600 gallons/day SOIL LTAR: 0.35 gpd/ft²
 TANKS (minimum) Septic Tank 1250 gallons Pump Tank 1250 gallons
 SUPPLY LINE Length (ft): 110 Diameter: 2 " sch 40 pvc
 Min total flow (gpm) to maintain 2 fps scour velocity = 20.89

TRENCHES Drainline Type: PPBPS, horizontal
 Maximum Trench Depth of 18 inches, measured on low side of trench
 Trench width: 3 feet Effective Trench Width: 6 ft
 Absorption Area: 857 ft² Minimum Linear Length: 286 ft
 ÷ 4.33 ft per panel : 66 panels

PRESSURE MANIFOLD

Taps 3 Tap Configuration: 6in. spacing, 1 side of manifold
 Length (ft): 3 Diameter: 4" sch 80 pvc Elevation: 98.79

TAP CHART

Tap #	Line #	Color	Elevation (ft)	Drainline Length(ft)	Number of Panels	Tap Size/ Schedule	Flow/tap (gpm)	LTAR (gpd/ft ²)
1	1	B	97.79	86	20	3/4"sch 80	10.10	0.669
2	2	R	97.13	100	23	3/4"sch 40	12.50	0.712
3	3	W	96.49	100	23	3/4"sch 40	12.50	0.712
			Totals:	286	66	Total Flow:	35.10	

Target LTAR*: 0.70
 LTAR + 5%: 0.735

Pump Calculations:

Number of Panels: 66
 Dose Volume: 237.6 gallons # of panels * 3.6 gallons/ panel
 Dose Pump Run Time: 6.77 minutes Dose volume/total flow
 Daily Pump Run Time: 17.09 minutes Daily Flow/total flow
 Drawdown (in.): 238 gallons ÷ 28 gal/ inch = 8.49 inches
 Pump Tank Elevation (ft): 90.23 Pump Elevation (ft): 85.23
 Friction Head: 4.28 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)
 Elevation Head: 13.56 Design Head: 2.0 Total Head: 19.84 feet
 Pump to Deliver: **35.10** gpm @ **19.84** ft head

NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits is required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1250 STB-323 Septic Filter: _____
 Possible Pump Tank: Brantley 1300_PT-459 Vol(gal): 1300 GPI: 28
 Possible Pump: _____ pump height (in) = 14
 Possible Control Panel: _____

AOWE EVALUATION

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Permit # HOA-AOWE-2412-01

SOIL/SITE EVALUATION FORM FOR ON-SITE WASTEWATER SYSTEM

OWNER NAME: Raul Garcia
 PROPOSED FACILITY: Residential DESIGN DAILY FLOW: 600 WATER SUPPLY Public Water
 LOCATION OF SITE: 26 Electric Ln PIN: 9577-84-3855
 WASTEWATER TYPE: Domestic COUNTY: Harnett
 EVALUATION METHOD: AUGER BORING PIT CUT
 EVALUATED BY: Britt Wilson, LSS#1351 DATE EVALUATED: 11/26/24

	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE	1412 ft ² trench bottom	857 ft ² trench bottom
SYSTEM TYPE	Conventional	PPBPS, horizontal
SITE LTAR	0.425 gpd/ft ²	0.35 gpd/ft ²
MAX TRENCH DEPTH	24 inches (measured on downhill side)	18 inches (measured on downhill side)
SITE CLASSIFICATION	<u>Suitable</u>	OTHER FACTORS _____

COMMENTS:

PROFILE 1

HORIZON DEPTH	COLOR	CONSI TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-6	10YR 4/2	VFR	SL	GR	SEXP	LANDSCAPE POSITION	CV
6-10	10YR 6/3	FR	SL	SBK	SEXP	SOIL WETNESS DEPTH	35"
10-17	10YR 6/6	FI	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/2
17-25	10YR 6/4	FR	CL	SBK	SEXP	SOIL DEPTH	25"
25-50+	Varigated	FR	L	M	SEXP	SAPROLITE CLASS	S
						RESTRICTIVE HORIZON	NA
						SLOPE %	7
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.35	SLOPE CORRECTION (IN)	2.5
COMMENT		Suitable for modified systems					

PROFILE 2

HORIZON DEPTH	COLOR	CONSI TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-13	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
13-28	2.5Y 7/4	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	45"
28-35	10YR 6/4	FR	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/1
35-48+	10YR 6/6	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	4
PROFILE CLASSIFICATION			Suitable	LTAR gpd/ft ²	0.425	SLOPE CORRECTION (IN)	1.4
COMMENT							

SOIL/SITE EVALUATION FORM FOR ON-SITE WASTEWATER SYSTEM

LEGEND OF ABBREVIATIONS

LANDSCAPE POSITION	TEXTURE GROUP	TEXTURE CLASS	LTAR (gal/day/sqft)
CC - Concave Slope	I	S - Sand	1.2-0.8
CV - Convex Slope		LS - Loamy Sand	
DS - Debris Slump	II	SL - Sandy Loam	0.8 – 0.6
D - Depression		L - Loam	
DW - Drainage Way		SCL - Sandy Clay Loam	
FP - Flood Plain		CL - Clay Loam	
FS - Foot Slope	III	SiL - Silt Loam	0.6 – 0.3
H - Head Slope		Si - Silt	
L - Linear Slope		SiCL - Silt Clay Loam	
N - Nose Slope		SC - Sandy Clay	
R - Ridge		C - Clay	
S - Shoulder Slope		SiC - Silty Clay	
T - Terrace	IV	O - Organic	none
TS - Toe Slope			
STRUCTURE	MOIST CONSISTENCE	WET CONSISTENCE	
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	NP - Non Plastic	
ABK - Angular Blocky		SP - Slightly Plastic	
PL - Platy	MINERALOGY	MP - Moderately Plastic	
PR - Prismatic	SEXP - Slightly Expansive	VP - Very Plastic	
	EXP - Expansive		
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.

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.

Plan Alterations – 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 and sealed letter sent to the applicant and LHD.

Site Alterations – 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.

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

Authorization to Operate (ATO) – 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.

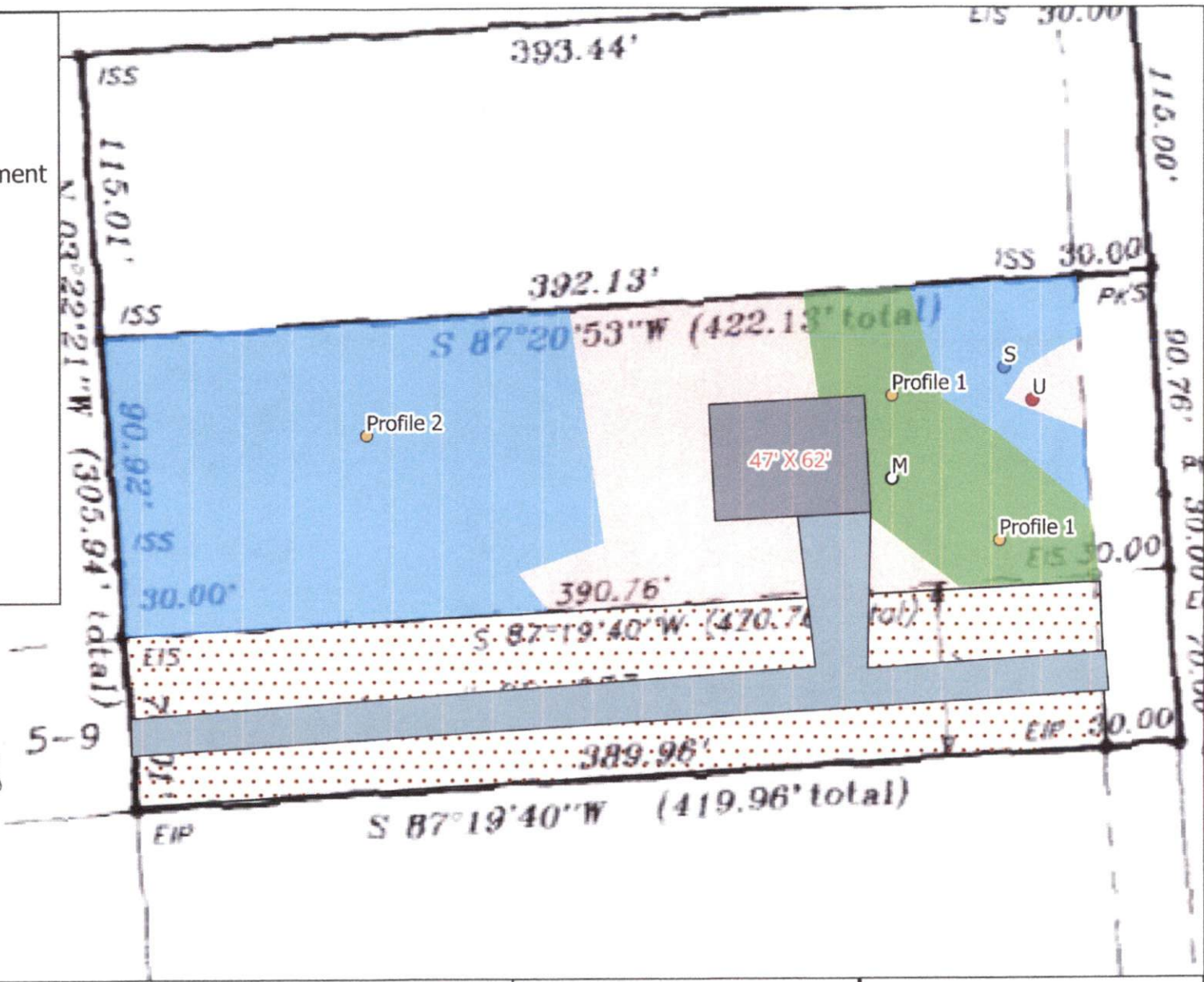
Operation and Management – The owner shall be responsible for continued adherence to the operations and management program established by the AOWE. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function satisfactorily for any given period of time.

Change in System Ownership – 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.

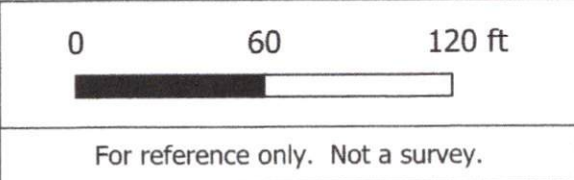
Revocation – The AOWE permit is subject to revocation if the site plan, plat, or the intended use changes. This permit is subject to compliance with the provisions of the laws and Rules for Wastewater Treatment and Dispersal Systems and to the conditions of this permit.

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.

- ### Legend
- House
 - Driveway
 - Existing Egress Easement
 - Soil Unit**
 - Suitable
 - Suitable for Modified Drainlines
 - Unsuitable
 - Soil Borings**
 - Soil Profiles
 - Suitable Soils
 - Suitable Soils for Modified Systems
 - Unsuitable Soils



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26 Electric Ln
 19 December 2024

Soil Map for Septic Suitability