FDZ402-0244



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: D.R. Horton Inc. Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State: NC Zip: 27560 Phone: 919.760.9668 Email: mrlee@drhorton.com Authorized Onsite Wastewater Evaluator Information: Name: Thomas Boyce, LSS, AOWE Certification #: 10006E State: NC Zip: 27376 City: West End Mailing address: PO Box 865 Phone: (910)295-1899 Email: info@owpnc.com Site Location Information: Site address: Lot 33- Masons Ridge -TBD Nursery Rd Spring Lake , NC 28390 Tax parcel identification number or subdivision lot, block number of property: Part of 0505-15-3556 County: Harnett System Information: Wastewater System Type: III(b)(g)- Accepted Daily Design Flow: 480 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 4 # Bedrooms Max 8 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 September 2023 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 September, 2028 Signature of Authorized Onsite Wastewater Evaluator: ______ Baye Robert C. Stuart 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:

Document Ref: AMZHU-Z4DVF-VQMBJ-DCHGC

Date:



Lot 33- TBD Nursery Rd.

VWASTEWATER SERVICES		
Long	-78.99050516705490	-78.99028133293730
Lat	35.2771473332115	35.27738500029570
Boring_Typ	Conv	Conv
Depth_of_U	36	36
LTAR	0.5	0.45
Slope	8	8
Notes	0-16 LS 16-36 SCL	0-24 LS 34-36 SCL
Septic_Tank_Capacity	1,000 Gallon	
Pump_Tank_Capacity	1,000 Gallon	
Initial_System_Type	Accepted	
Line_Length_Initial	267	USED SO
Max_Depth_Initial	24	E Contraction
Repair_System_Type	PPBPS (Horizontal)	02
Line_Length_Repair	178	OFNORTH
Max_Depth_Repair	24	
Distribution_Method	Parallel or Serial	
Initial_LTAR	0.45	
Repair_LTAR	0.45	
GPD	480GPD - 4-Bedroom	
System_Description_Notes	Lot 33	

NCLSS #1241 AOWE #10006E Thomas Boyce, LSS, REHS, AOWE Marlin Wastewater Services, LLC



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.
- 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 client/owner is responsible for marking any property lines and corners.
- 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:

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

Robert C. Stuart

Owner Signature

09 / 25 / 2023

Date

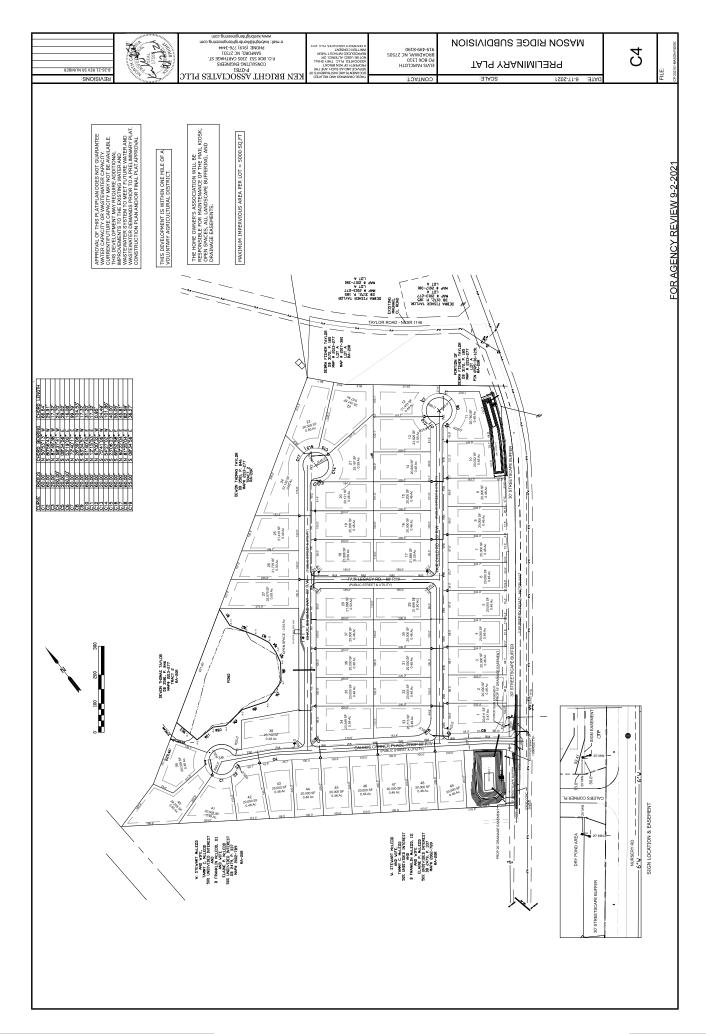


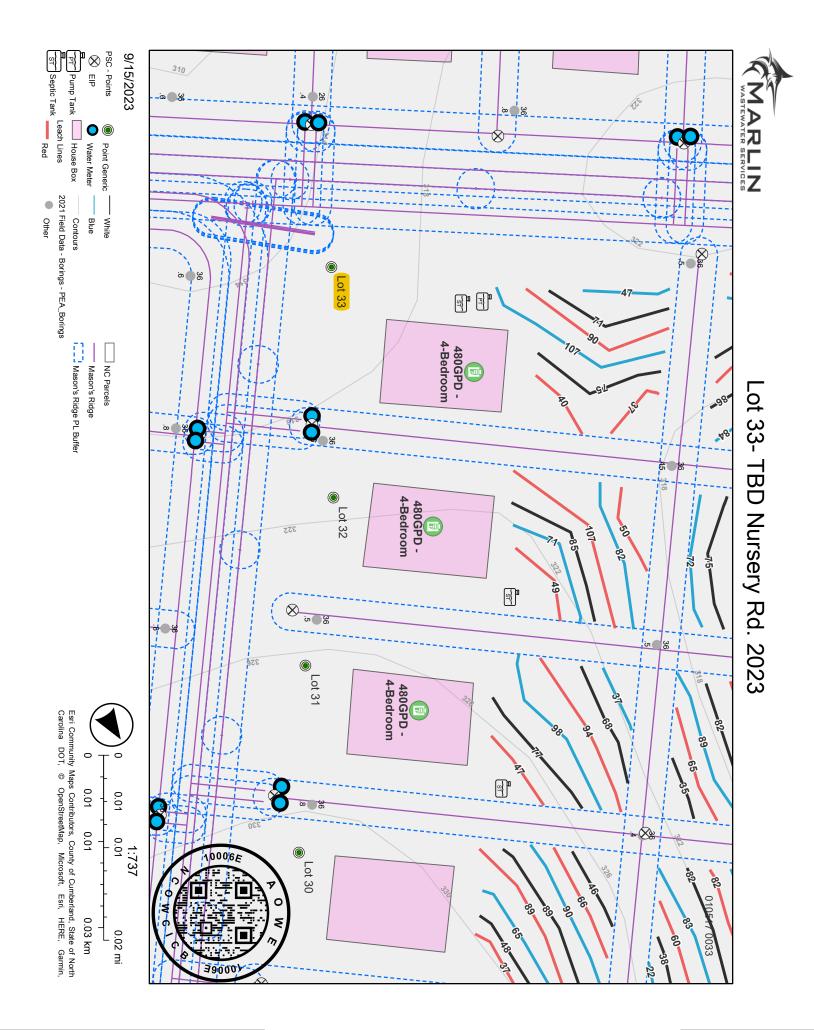


CERTIFICATE OF LIABILITY INSURANCE

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).									
PR					CONTACT Kelli R. Starr				
Terry Riney Agency, Inc.					PHONE (A/C, No, Ext): (910)295-1121 FMAN, Ext): (910)295-8980				
11 Trotter Hills Circle Pinehurst				NC 28374-7930		Orineyageno	cy.com		
T mondist				10 200141000			RDING COVERAGE	NAIC #	
<u> </u>								26263	
INSURED					INSURER B : Erie Ins	urance Exch	ange	26271	
Marlin Wastewater Service			LC		INSURER C :				
	P.O. Box 865 West End			NC 27376-	INSURER D :				
	West End			NG 21310-					
	OVERAGES CER	TIFI	CATE	E NUMBER:	INSURER F :		REVISION NUMBER:	1	
	THIS IS TO CERTIFY THAT THE POLICIES (BEEN ISSUED TO THE	E INSURED NA		ERIOD	
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.									
INS LTI	TYPE OF INSURANCE	ADDL INSD	SUBF WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			Q61-0188942	07/01/2023	07/01/2024		1,000,000 1,000,000	
							MED EXP (Any one person) \$	5,000	
								1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							2,000,000	
								2,000,000	
A				Q61-0188942	07/01/2023	07/01/2024	(1,000,000	
	X ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE		
	AUTOS						(Per accident) \$		
В	X UMBRELLA LIAB OCCUR			Q31-0173849	07/01/2023	07/01/2024		2.000.000	
Ľ	EXCESS LIAB CLAIMS-MADE			Q31-0173049	0770172023	01/01/2024		2,000,000	
	DED RETENTION \$						\$	2,000,000	
В	WORKERS COMPENSATION		X	Q91-0104617	07/01/2023	07/01/2024	X PER OTH- STATUTE ER		
								1,000,000	
	(Mandatory in NH)	N/A						1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							1,000,000	
A	Contractor's Errors & Ommissions			Q61-0188942	07/01/2023	07/01/2024		1,000,000 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.					
				-	Kelli K. Starr				
ACORD 25 (2014/01) Fax: () - © 1988-2014 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD									





Signature Certificate

Reference number: AMZHU-Z4DVF-VQMBJ-DCHGC

Signer	Timestamp	Signature		
Email: rcstuart@drhorton.com	E E E E E E E E E E E E E E E E E E E			
Sent:	21 Sep 2023 16:58:31 UTC	0/.1001 1		
Viewed:	25 Sep 2023 15:40:40 UTC	Robert C. Stuart		
Signed:	25 Sep 2023 15:43:08 UTC			
Recipient Verification:		IP address: 66.57.238.178		
 Email verified 	25 Sep 2023 15:40:40 UTC	Location: Apex, United States		

Document completed by all parties on: 25 Sep 2023 15:43:08 UTC

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