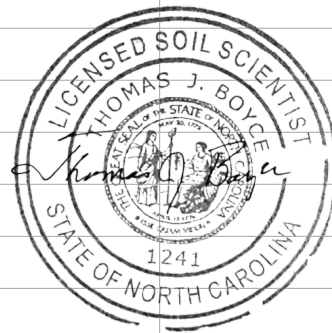




Lot 45- TBD Nursery Rd

Long	-78.9910985043001	-78.99123962424140	-78.99090800037440
Lat	35.27690608444260	35.27674561234360	35.27710983305110
Boring_Type	Conventional	Conventional	Conv
Slope	5-8	5-8	6
Landscape_Position	Linear	Linear	Linear
Notes			0-24 LS 24-36 SCL
LTAR	0.8	0.8	0.5
H1_Depth	42	42	
H1_Texture	Loamy Sand	Loamy Sand	Loamy Sand
H1_Moist_Consistency	Loose	Loose	Loose
H1_Structure	Gr	Gr	Gr
H1_Mineralogy	Non Expansive	Non Expansive	Non Expansive
H1_Stickiness	Non Sticky	Non Sticky	Non Sticky
H1_Plasticity	Non Plastic	Non Plastic	Non Plastic
Usable_Depth	42	42	42
Septic_Tank_Capacity	1,000 Gallon		
Pump_Tank_Capacity	1,000 Gallon(If Needed)		
Initial_System_Type	Accepted		
Line_Length_Initial	240'		
Max_Depth_Initial	24"		
Repair_System_Type	Accepted		
Line_Length_Repair	240'		
Max_Depth_Repair	24"		
Distribution_Method	Parallel or Serial		
Initial_LTAR	0.5		
Repair_LTAR	0.5		
GPD	480GPD - 4-Bedroom		
System_Description_Notes	Lot 45		





**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: 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
 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: Lot 45- 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(g)-Accepted
 Daily Design Flow: 480
 Saprrolite System: Yes No Subsurface Operator Required: Yes No
 Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 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 20 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 20 day of September, 2028.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce
 Signature of Owner or Legal Representative: Robert C. Stuart

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.
- 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.

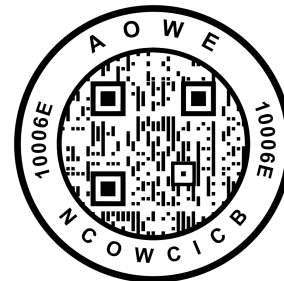
Owner/Client Acknowledgement of Permit Requirements

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).

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		
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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED 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 <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> 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	07/01/2023	07/01/2024	<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	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
XXXXXXXXXXXXX Sample Certificate XXXXXXXXXXXXX	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>Kelli R. Starr</i>

Fax: () -

© 1988-2014 ACORD CORPORATION. All rights reserved.



REVISIONS:

8.25.21	REV 58	NUMBER
---------	--------	--------

FOR AGENCY REVIEW 9-2-2021

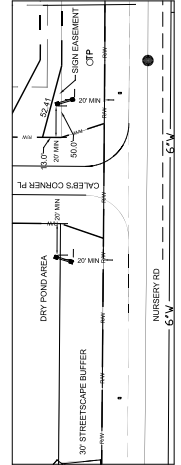
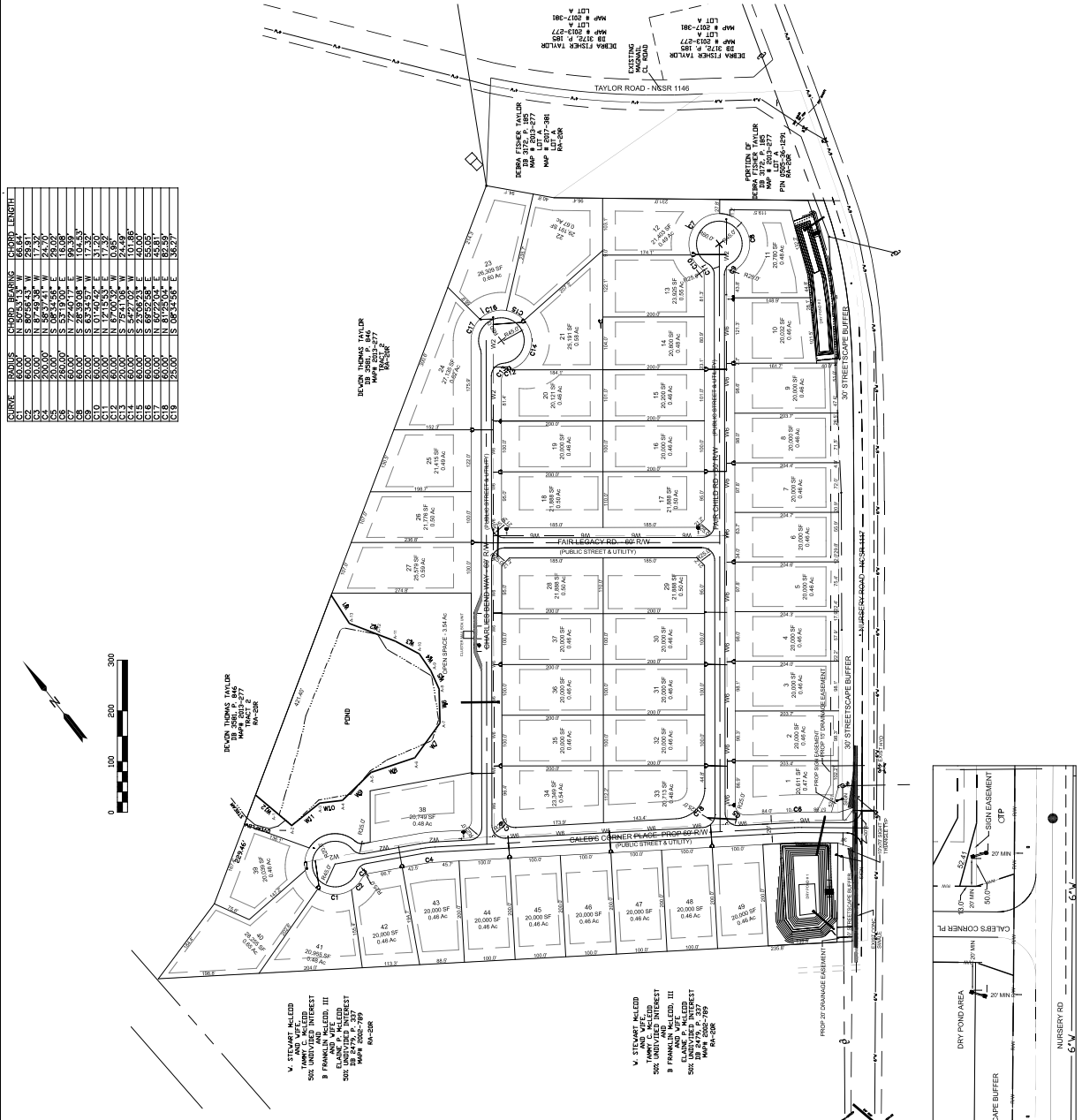
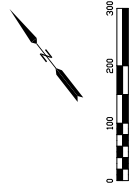
APPROVAL OF THIS PLAT/PLAN DOES NOT GUARANTEE WATER CAPACITY OR WASTEWATER CAPACITY OF THE DEVELOPMENT. THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT. THIS DEVELOPMENT MAY REQUIRE ADDITIONAL IMPROVEMENTS TO THE EXISTING WATER AND WASTEWATER SYSTEM TO MEET FUTURE WATER AND WASTEWATER DEMAND. THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT. APPROVAL OF THIS PLAT/PLAN DOES NOT GUARANTEE WATER CAPACITY OR WASTEWATER CAPACITY OF THE DEVELOPMENT. THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT. THIS DEVELOPMENT MAY REQUIRE ADDITIONAL IMPROVEMENTS TO THE EXISTING WATER AND WASTEWATER SYSTEM TO MEET FUTURE WATER AND WASTEWATER DEMAND. THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND APPROVALS FROM THE LOCAL HEALTH DEPARTMENT.

THIS DEVELOPMENT IS WITHIN ONE MILE OF A VOLUNTARY AGRICULTURAL DISTRICT.

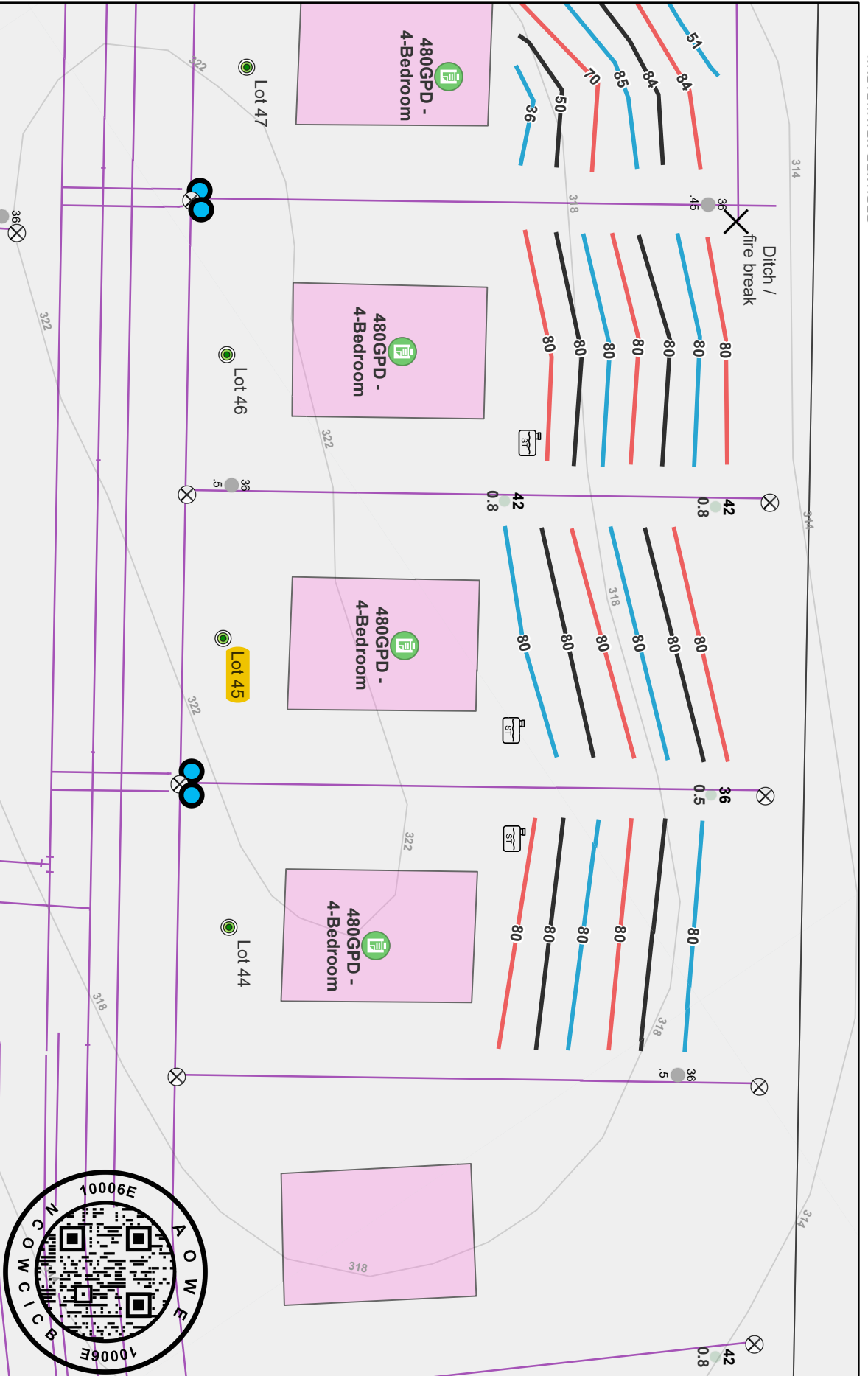
THE HOME OWNERS ASSOCIATION WILL BE RESPONSIBLE FOR MAINTENANCE OF THE MAIL KIOSK, OPEN SPACES, ALL LANDSCAPE BUFFERING, AND DRAINAGE EASEMENTS.

MAXIMUM IMPERVIOUS AREA PER LOT = 5000 SQ-FT

PARCEL	AREA	CHUCKLE PLANTING	WOOD LENGTH
C1	50,000	50,000	50,000
C2	50,000	50,000	50,000
C3	50,000	50,000	50,000
C4	50,000	50,000	50,000
C5	50,000	50,000	50,000
C6	50,000	50,000	50,000
C7	50,000	50,000	50,000
C8	50,000	50,000	50,000
C9	50,000	50,000	50,000
C10	50,000	50,000	50,000
C11	50,000	50,000	50,000
C12	50,000	50,000	50,000
C13	50,000	50,000	50,000
C14	50,000	50,000	50,000
C15	50,000	50,000	50,000
C16	50,000	50,000	50,000
C17	50,000	50,000	50,000
C18	50,000	50,000	50,000
C19	50,000	50,000	50,000
C20	50,000	50,000	50,000
C21	50,000	50,000	50,000
C22	50,000	50,000	50,000
C23	50,000	50,000	50,000
C24	50,000	50,000	50,000
C25	50,000	50,000	50,000
C26	50,000	50,000	50,000
C27	50,000	50,000	50,000
C28	50,000	50,000	50,000
C29	50,000	50,000	50,000
C30	50,000	50,000	50,000
C31	50,000	50,000	50,000
C32	50,000	50,000	50,000
C33	50,000	50,000	50,000
C34	50,000	50,000	50,000
C35	50,000	50,000	50,000
C36	50,000	50,000	50,000
C37	50,000	50,000	50,000
C38	50,000	50,000	50,000
C39	50,000	50,000	50,000
C40	50,000	50,000	50,000
C41	50,000	50,000	50,000
C42	50,000	50,000	50,000
C43	50,000	50,000	50,000
C44	50,000	50,000	50,000
C45	50,000	50,000	50,000
C46	50,000	50,000	50,000
C47	50,000	50,000	50,000
C48	50,000	50,000	50,000
C49	50,000	50,000	50,000
C50	50,000	50,000	50,000

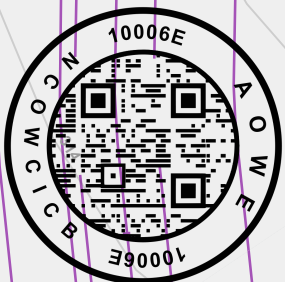
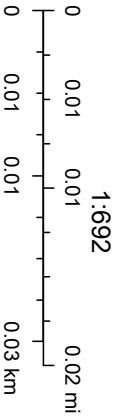


Lot 45 - TBD Nursery Rd. 2023



9/20/2023

- PSC - Borings
- Conventional
- PSC - Points
- Bad Topo
- EIP
- Septic Tank
- Point Generic
- Water Meter
- House Box
- Line Generic
- Leach Lines
- Red
- White
- Blue
- Contours
- Mason's Ridge
- 2021 Field Data - Borings - PEA Borings
- Other
- NC Parcels



Signature Certificate

Reference number: M2KY3-MOFYC-EYNAQ-VLNM7

Signer

Email: rcstuart@drhorton.com

Sent:

Viewed:

Signed:

Timestamp

21 Sep 2023 17:20:42 UTC

22 Sep 2023 13:07:01 UTC

25 Sep 2023 15:44:41 UTC

Signature



Recipient Verification:

✓Email verified

22 Sep 2023 13:07:01 UTC

IP address: 66.57.238.178

Location: Apex, United States

Document completed by all parties on:

25 Sep 2023 15:44:41 UTC

Page 1 of 1



Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 40,000+ companies worldwide.

