

# 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

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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.

*Samantha Hitchings*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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5 December 2024

Carolina Construction of Fayetteville, Inc.  
3117 Cope St  
Fayetteville, NC 28306

Reference: LSS Report for Authorization to Operate (ATO)  
4955 Ray Rd, Spring Lake, NC 28390, Lot 1  
PIN 0505-65-2687.000  
LHD # SFD2406-0088

Dear Carolina Construction of Fayetteville, Inc.,

**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 2 December 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. Enclosed with this report are the *Septic System Final Inspection Report*, As-Built map (Figure 1), and *Operation and Management Program*.

You will need to sign a document confirming receipt of this report and acceptance of the installed system (pg 1) and submit this report to the Local Health Department (LHD). 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	Carolina Construction of Fayetteville, Inc.
Mailing Address	3117 Cope St Fayetteville, NC 28306
Telephone Number	910-339-4779
E-mail Address	billing@ccfnc.com, rmiller@ccfnc.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	Jones Septic Tank Service
Mailing Address	373 Swift Creek Road, Raeford, NC 28376
Telephone Number	(910) 875-7616
E-mail Address	vickiecpr@aol.com
Installer & Certification #	John Jones #4948

### 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 #	SFD2406-0088

## Septic System Final Inspection Report

Facility Type	Single Family Residence
Wastewater Type	Domestic
Water Supply	Public
Design Wastewater Flow	360 gpd
Soil LTAR	0.35

**Installation**

Date	2 December 2024
System Inspector	Jocelyn Proulx, #9943I
Installer	John Jones #4948

**Septic Tank:**

Volume (gallons)	1000
Brand and Tank ID#	MCP STB-814
Certified watertight	NA
Distance to Structure	8'
Elevation of tank inlet	2' 1"
Elevation of tank outlet	2' 4 1/4"

**Effluent Filter:**

Make and Model	Polylok PL-68
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**Distribution:**

Supply Line Length to Distribution	54'
Supply Line Diameter	3"
Distribution Device:	Serial
Number of outlets (laterals)	NA

Drainfield:

Type	Quick4 Standard Chamber
Distance to Structure	40'
Distance to Well	NA

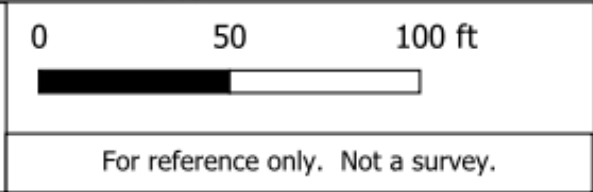
Trench Depth	14"	Trench width	36"
Trench Spacing	9'	Aggregate	chamber
	<u>Length (ft)</u>	<u>Start</u>	<u>Middle</u>
Line 1	86	4' 7 3/4"	4' 7 3/4"
Line 2	86	5' 3 1/4"	5' 3 1/4"
Line 3	86	5' 8 3/4"	5' 8 3/4"
Total	258		

All elevations are given as relative grade rod reading.

Notes:



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



The Flatts at Ray Rd  
 Lot 1  
 4 December 2024











# 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)

11/19/2024

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).

<b>PRODUCER</b> Warren Insurance Group, LLC 576 Executive Place, Ste101 Fayetteville NC 28305		<b>CONTACT NAME:</b> Rebecca Guarnaccia <b>PHONE (A/C, No, Ext):</b> (910) 222-3202 <b>FAX (A/C, No):</b> (910) 323-5629 <b>E-MAIL ADDRESS:</b> certificates@warreninsgroup.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Main Street America Group	
		<b>INSURER B:</b> Carolina Mutual Insurance, Inc.	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Bwj Inc - DBA Jones Septic Tank Services 373 Swift Creek Road Raeford NC 28376		<b>NAIC #</b> 14090	

**COVERAGES**

CERTIFICATE NUMBER: 24-25

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP00080429	08/25/2024	08/25/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA00030089	08/25/2024	08/25/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU00003793	08/25/2024	08/25/2025	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC23357-2024	01/10/2024	01/10/2025	<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

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	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>Rebecca D. Guarnaccia</i>
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