-78.98903483334400 35.276964333584200 Conv 36 0.8 0.8 0-36+ LS

5 WORTH CAROLAN

GPD

Repair\_LTAR

Initial\_LTAR

System\_Description\_Notes

Lot 2

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480GPD - 4-Bedroom

0.8

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### 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						
L						
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 2- 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						
Saprolite System: Yes X No Subsurface Operator Required: Yes X No						
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:						
X   Plat or Site Plan     X   Evaluation of Soil and Site Features by Licensed Soil Scientist						
Attest: On this the <u>13</u> day of <u>September</u> , <u>2023</u> 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 13 day of September, 2028 .						
Signature of Owner or Legal Representative:						
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:						

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

09 / 25 / 2023

**Owner Signature** 

Date

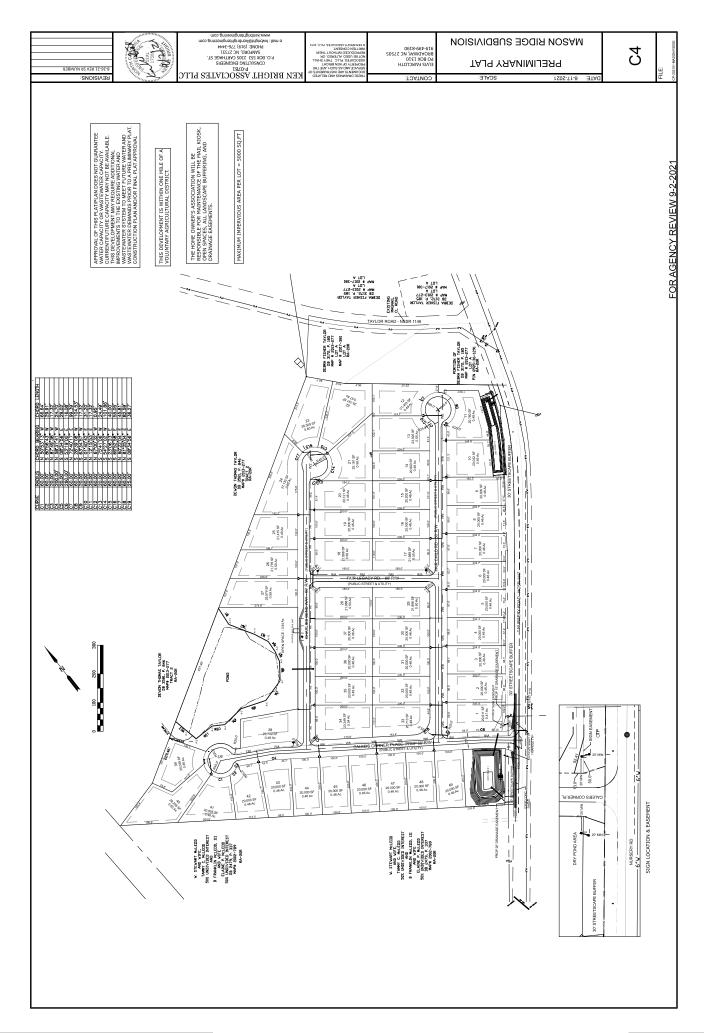


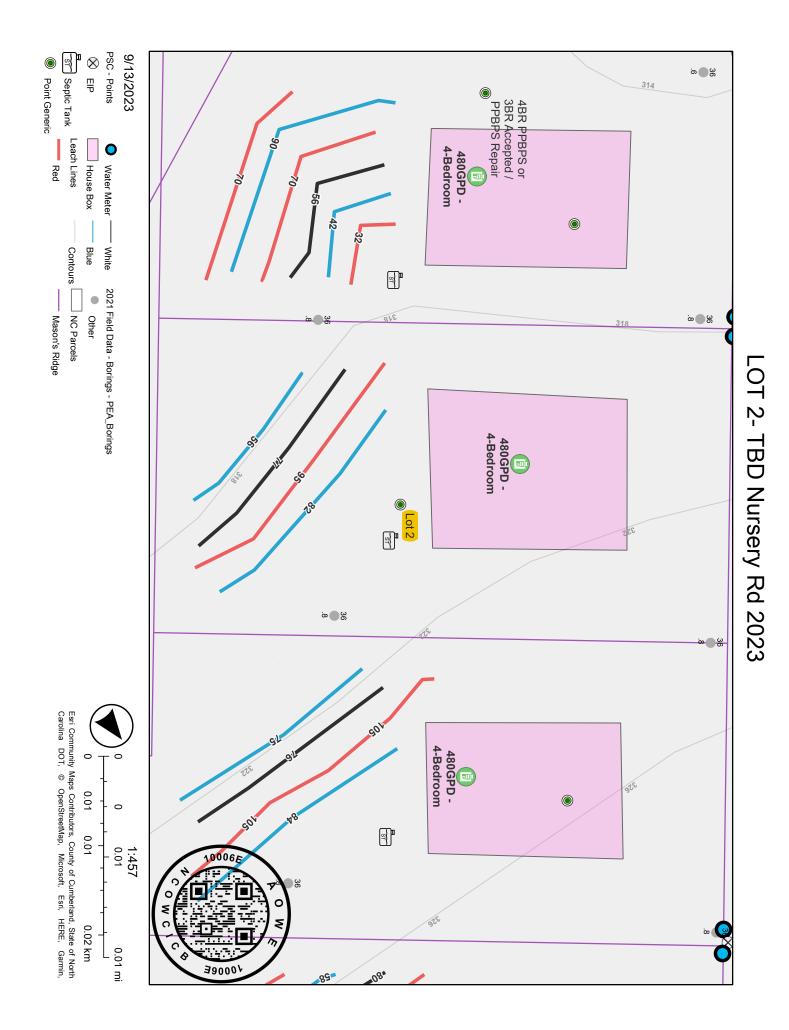


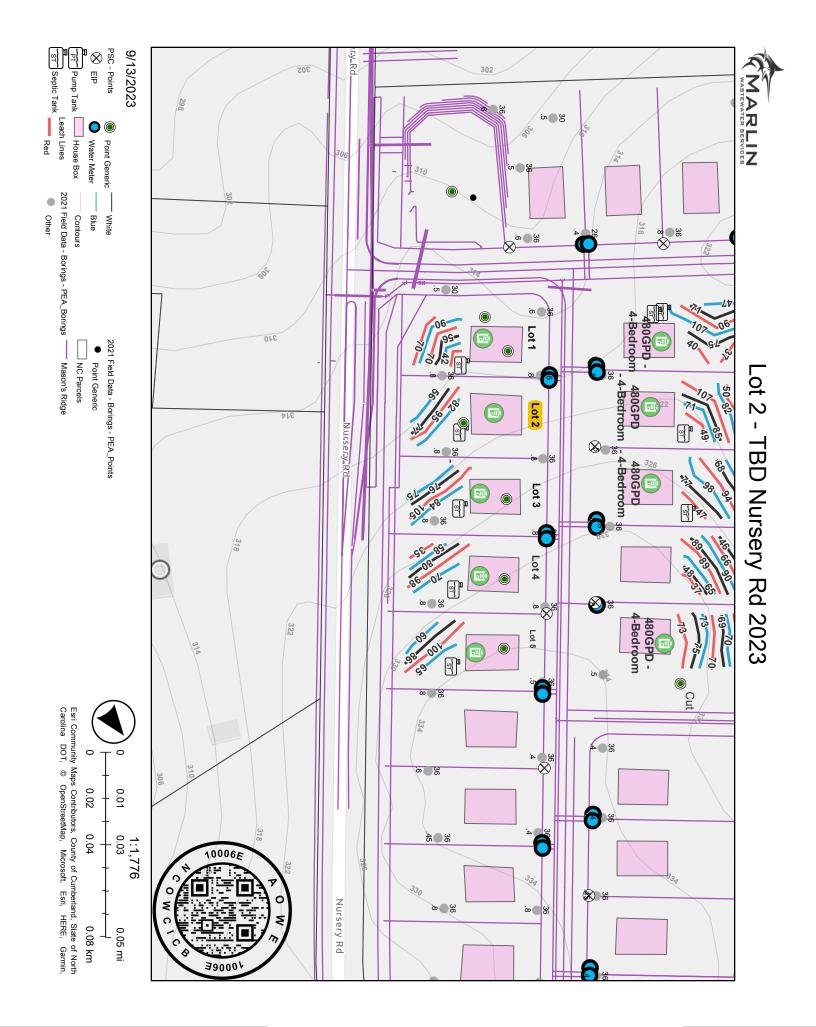
## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 07/06/2023

C B R	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).									
-	DUCER Terry Riney Agency, Inc. 11 Trotter Hills Circle				PHONE (A/C, No, Ext): (910	R. Starr )295-1121	Fax (A/C, No):(910)2	95-8980	
	Pinehurst		NC 28374-7930	ADDRESS: Kelli			NAIC #		
INSURED Marlin Wastewater Services, Ll P.O. Box 865					INSURER B : ETIE INS INSURER C : INSURER D :			26271	
	West End			NC 27376-	INSURER E : INSURER F :				
0.0	VERAGES CEE		.ΔΤΕ				REVISION NUMBER		
COVERAGES     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.									
		_	SUBF		POLICY EFF				
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
A	X   COMMERCIAL GENERAL LIABILITY     CLAIMS-MADE   X     OCCUR     GEN'L AGGREGATE LIMIT APPLIES PER:			Q61-0188942	07/01/2023	07/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$   MED EXP (Any one person) \$   PERSONAL & ADV INJURY \$   GENERAL AGGREGATE \$	1,000,000 1,000,000 5,000 1,000,000 2,000,000	
A	POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY			Q61-0188942	07/01/2023	07/01/2024	\$	2,000,000	
	X ANY AUTO   ALL OWNED SCHEDULED   AUTOS AUTOS   X HIRED AUTOS   X HIRED AUTOS				0110112020	0170172024	BODILY INJURY (Per person)   \$     BODILY INJURY (Per accident)   \$     PROPERTY DAMAGE   \$     (Per accident)   \$     \$   \$		
В	X     UMBRELLA LIAB     OCCUR       EXCESS LIAB     CLAIMS-MADE       DED     RETENTION \$	<u>:</u>		Q31-0173849	07/01/2023	07/01/2024		2,000,000 2,000,000	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	] N / A		Q91-0104617	07/01/2023	07/01/2024	E.L. DISEASE - EA EMPLOYEE \$	1,000,000 1,000,000 1,000,000	
A	Contractor's Errors & Ommissions			Q61-0188942	07/01/2023	07/01/2024		1,000,000 1,000,000 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									
<u> </u>					041051147101			AL 004440	
XXXXXXXXXXXX Sample Certificate XXXXXXXXXXXX						CANCELLATION AI 001118 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Fax:() - © 1988-2014 ACORD CORPORATION. All rights reserved.									
ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD									







# **Signature Certificate**

Reference number: LEV2M-DPJCA-BJ6JW-EX3QW

Signer	Timestamp	XX
Email: rcstuart@drhorton.com		X
Sent:	25 Sep 2023 18:27:40 UTC	
Viewed:	25 Sep 2023 19:00:47 UTC	9
Signed:	25 Sep 2023 19:02:01 UTC	2
Recipient Verification:		
✓Email verified	25 Sep 2023 19:00:47 UTC	

Document completed by all parties on:

25 Sep 2023 19:02:01 UTC

Page 1 of 1

Signature

Robert C. Stuart

IP address: 66.57.238.178 Location: Apex, United States

Signed with PandaDoc

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