

Lot 34- TBD Nursery Rd

WASTEWATER SERVICES		
Long	-78.9910018329991	-78.99084249971550
Lat	35.27746450019850	35.27771499999060
Boring_Typ	Conv	Conv
Depth_of_U	36	36
LTAR	0.8	0.45
Slope	8	8
Notes	0-36 LS	0-30 LS 30-36 SCL
Septic_Tank_Capacity	1,000 Gallon	
Pump_Tank_Capacity	1,000 Gallon	
Initial_System_Type	Accepted	AND SED SC
Line_Length_Initial	267	E E
Max_Depth_Initial	24	I THE LEVEL
Repair_System_Type	Accepted	~ NORT
Line_Length_Repair	267	
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 34	



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 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 34- 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: Daily Design Flow: 480 Saprolite System: Yes X No Subsurface Operator Required: Yes X No Water Supply Type: Private Well X Public Water Supply Other:							
Facility Type: X Residential 4 # Bedrooms Max 8 Maximum # of Occupants Business Type of Business 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>15</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 <u>15</u> day of <u>September</u> , <u>2028</u> .							
Signature of Authorized Onsite Wastewater Evaluator: <u>Frence</u> Signature of Owner or Legal Representative: <u>Robert C. Stuart</u>							
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

Owner Signature

09 / 25 / 2023

Date

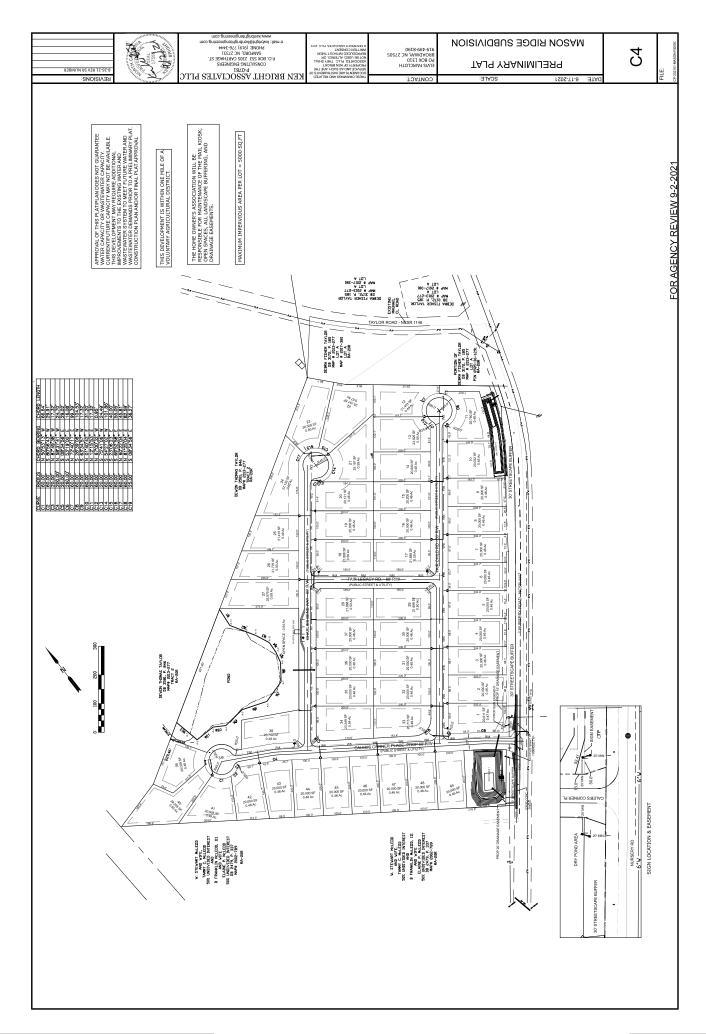


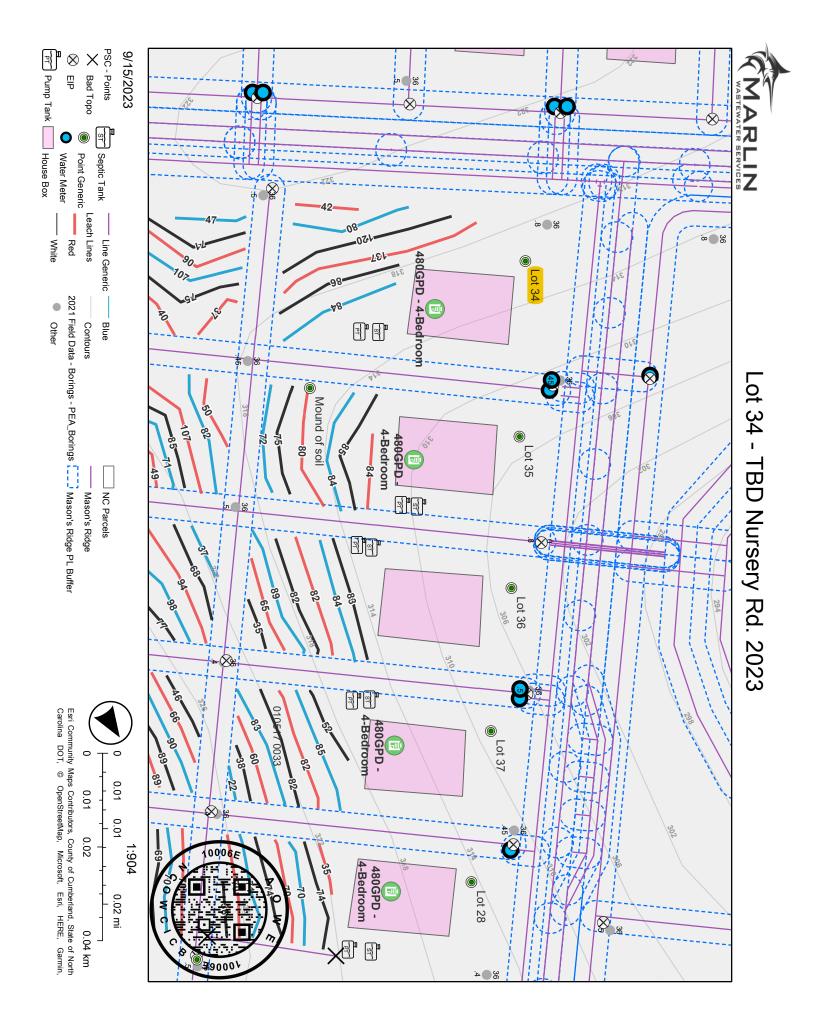


CERTIFICATE OF LIABILITY INSURANCE

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 NAME: Kelli R. Starr			
Terry Riney Agency, Inc.					PHONE (A/C, No, Ext): (910)295-1121 Faxing, Ext): (910)295-8980			
11 Trotter Hills Circle Pinehurst				NC 28374-7930		Orineyageno	cy.com	
T menurst				110 2001 11000			RDING COVERAGE	NAIC #
<u> </u>					INSURER A : Erie Insurance Company			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							
	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
	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN, CIES.	THE INSURANCE AFFORD	ED BY THE POLICIE BEEN REDUCED BY F	S DESCRIBEI 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 A							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			
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: 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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