

SFD 2407-0029



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 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: III(b)(g)- Accepted  
Daily Design Flow: 480  
Saprolite 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 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: 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: Mohammed R. El... Date: 7-11-24



Lot 34- TBD Nursery Rd

<b>Long</b>	-78.9910018329991	-78.99084249971550
<b>Lat</b>	35.27746450019850	35.27771499999060
<b>Boring_Typ</b>	Conv	Conv
<b>Depth_of_U</b>	36	36
<b>LTAR</b>	0.8	0.45
<b>Slope</b>	8	8
<b>Notes</b>	0-36 LS	0-30 LS 30-36 SCL
<b>Septic_Tank_Capacity</b>	1,000 Gallon	
<b>Pump_Tank_Capacity</b>	1,000 Gallon	
<b>Initial_System_Type</b>	Accepted	
<b>Line_Length_Initial</b>	267	
<b>Max_Depth_Initial</b>	24	
<b>Repair_System_Type</b>	Accepted	
<b>Line_Length_Repair</b>	267	
<b>Max_Depth_Repair</b>	24	
<b>Distribution_Method</b>	Parallel or Serial	
<b>Initial_LTAR</b>	0.45	
<b>Repair_LTAR</b>	0.45	
<b>GPD</b>	480GPD - 4-Bedroom	
<b>System_Description_Notes</b>	Lot 34	







FOR AGENCY REVIEW 9-2-2021

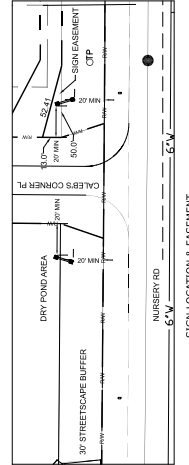
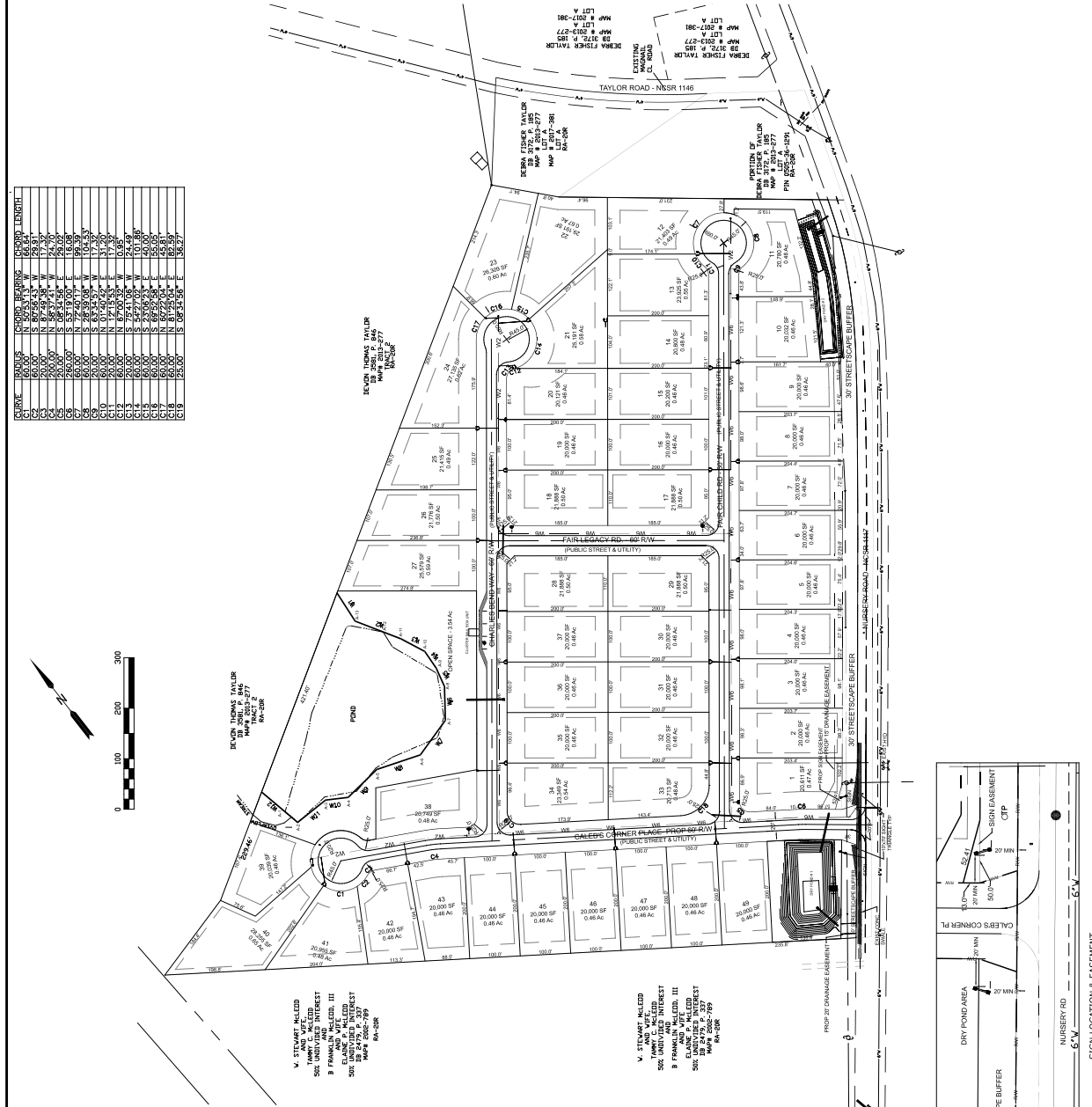
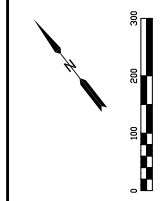
APPROVAL OF THIS PLAT/PLAN DOES NOT GUARANTEE WATER CAPACITY OR WASTEWATER CAPACITY OF THE DEVELOPMENT. THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING NECESSARY PERMITS AND APPROVALS. THIS DEVELOPMENT MAY REQUIRE ADDITIONAL IMPROVEMENTS TO THE EXISTING WATER AND WASTEWATER SYSTEM TO MEET FUTURE WATER AND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

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

GRID	ROW	CURB	PAVING	CHORD	LENGTH
C1	1	50.00	50.00	50.00	50.00
C2	2	50.00	50.00	50.00	50.00
C3	3	50.00	50.00	50.00	50.00
C4	4	50.00	50.00	50.00	50.00
C5	5	50.00	50.00	50.00	50.00
C6	6	50.00	50.00	50.00	50.00
C7	7	50.00	50.00	50.00	50.00
C8	8	50.00	50.00	50.00	50.00
C9	9	50.00	50.00	50.00	50.00
C10	10	50.00	50.00	50.00	50.00
C11	11	50.00	50.00	50.00	50.00
C12	12	50.00	50.00	50.00	50.00
C13	13	50.00	50.00	50.00	50.00
C14	14	50.00	50.00	50.00	50.00
C15	15	50.00	50.00	50.00	50.00
C16	16	50.00	50.00	50.00	50.00
C17	17	50.00	50.00	50.00	50.00
C18	18	50.00	50.00	50.00	50.00
C19	19	50.00	50.00	50.00	50.00
C20	20	50.00	50.00	50.00	50.00
C21	21	50.00	50.00	50.00	50.00
C22	22	50.00	50.00	50.00	50.00
C23	23	50.00	50.00	50.00	50.00
C24	24	50.00	50.00	50.00	50.00
C25	25	50.00	50.00	50.00	50.00
C26	26	50.00	50.00	50.00	50.00
C27	27	50.00	50.00	50.00	50.00
C28	28	50.00	50.00	50.00	50.00
C29	29	50.00	50.00	50.00	50.00
C30	30	50.00	50.00	50.00	50.00
C31	31	50.00	50.00	50.00	50.00
C32	32	50.00	50.00	50.00	50.00
C33	33	50.00	50.00	50.00	50.00
C34	34	50.00	50.00	50.00	50.00
C35	35	50.00	50.00	50.00	50.00
C36	36	50.00	50.00	50.00	50.00
C37	37	50.00	50.00	50.00	50.00
C38	38	50.00	50.00	50.00	50.00
C39	39	50.00	50.00	50.00	50.00
C40	40	50.00	50.00	50.00	50.00
C41	41	50.00	50.00	50.00	50.00
C42	42	50.00	50.00	50.00	50.00
C43	43	50.00	50.00	50.00	50.00
C44	44	50.00	50.00	50.00	50.00
C45	45	50.00	50.00	50.00	50.00
C46	46	50.00	50.00	50.00	50.00
C47	47	50.00	50.00	50.00	50.00
C48	48	50.00	50.00	50.00	50.00
C49	49	50.00	50.00	50.00	50.00
C50	50	50.00	50.00	50.00	50.00









# Signature Certificate

Reference number: AMZHU-Z4DVF-VQMBJ-DCHGC

## Signer

Email: rcstuart@drhorton.com

Sent:

Viewed:

Signed:

## Timestamp

21 Sep 2023 16:58:31 UTC

25 Sep 2023 15:40:40 UTC

25 Sep 2023 15:43:08 UTC

## Signature



## Recipient Verification:

✓Email verified

25 Sep 2023 15:40:40 UTC

IP address: 66.57.238.178

Location: Apex, United States

Document completed by all parties on:

25 Sep 2023 15:43:08 UTC

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