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

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: III(b)(g)- Accepted 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
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: 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:



Lot 34- TBD Nursery Rd

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	SED SO
Line_Length_Initial	267	
Max_Depth_Initial	24	124
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	

NCLSS #1241 AOWE #10006E Thomas Boyce, LSS, REHS, AOWE Marlin Wastewater Services, LLC



(910)999-PUMP www.mseptic.com info@mseptic.com PO Box 865, West End NC, 27376

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 of 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	s:
Maintenance Requirements: System should be maintained in accord The contents shall be pumped whenev		an 1/3 of the liquid depth in any compartment.
Owner/Client Acknowledgement of F	Permit Requirements	A O W E
Robert C. Stuart	09 / 25 / 2023	
Owner Signature	Date	00000 0006 0006 0006 0006 0006 0006 00



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	T D: 4			CONTACT NAME:	Kelli R. Starr		
	Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst		28374-7930	PHONE (A/C, No. Ext):	(910)295-1121	FAX (A/C, No):(910)2	95-8980
		NC		È-MÁIL ADDRESS:	kelli@rineyagency.com		
					INSURER(S) AFFORDING COVERAGE		NAIC #
				INSURER A : Er	ie Insurance Company		26263
INSURED				INSURER B : Er	ie Insurance Exchange		26271
	Marlin Wastewater Services, LLC			INSURER C:			
	P.O. Box 865			INSURER D :			
	West End	NC	27376-	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.

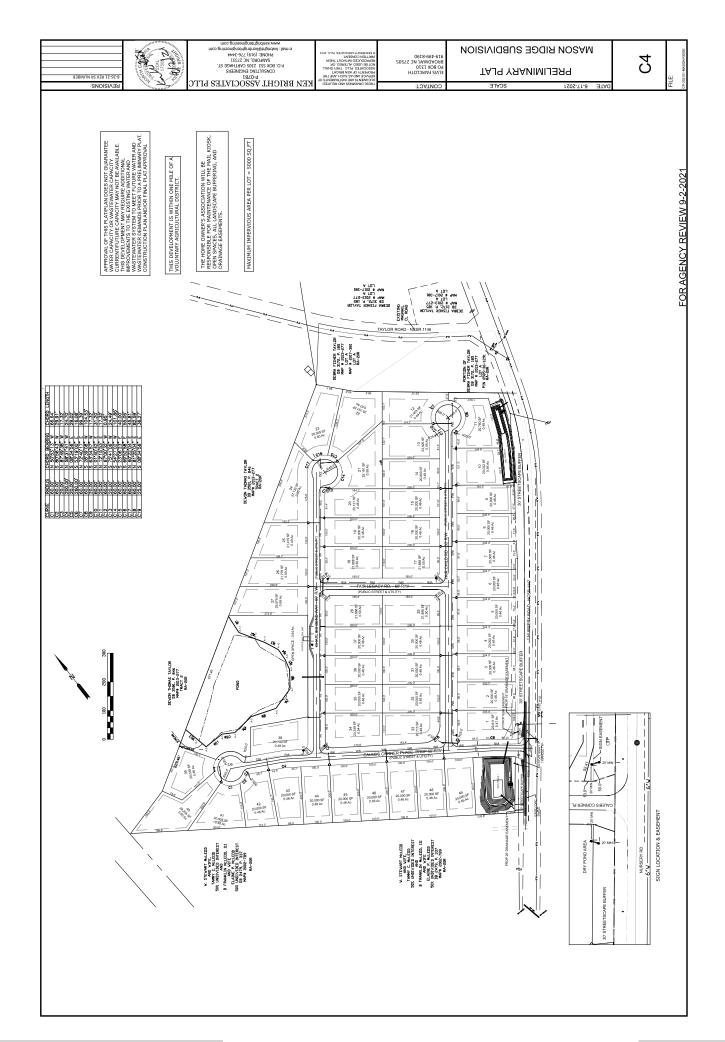
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:		Q61-0188942	07/01/2023 07/01/2024	
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X AVECTOR SCHEDULED AUTOS NON-OWNED AUTOS		Q61-0188942	07/01/2023 07/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$
В	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		Q31-0173849	07/01/2023 07/01/2024	* 2,000,000 s
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	X Q91-0104617	07/01/2023 07/01/2024	X PER OTH-
Α	Contractor's Errors & Ommissions		Q61-0188942	07/01/2023 07/01/2024	Each Occurrence 1,000,000 Aggregate 1,000,000 Deductible 1,000

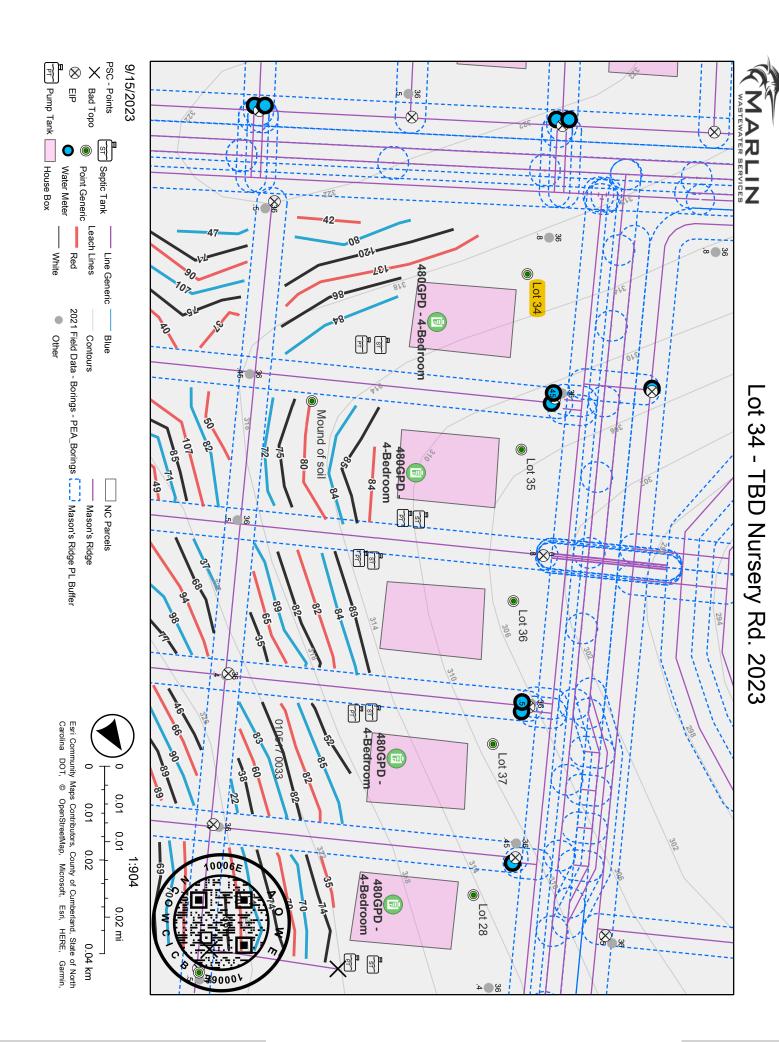
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Septic tank repair and service

CERTIFICATE HOLDER	CANCELLATION Al 001118
XXXXXXXXXXXXX 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.
-	AUTHORIZED REPRESENTATIVE HULLIFR. Stark

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ACORD 25 (2014/01)





Signature Certificate

Reference number: AMZHU-Z4DVF-VQMBJ-DCHGC

Signer	Timestamp					
Email: rcstuart@drhorton.com						
Sent:	21 Sep 2023 16:58:31 UTC					
Viewed:	25 Sep 2023 15:40:40 UTC					
Signed:	25 Sep 2023 15:43:08 UTC					
Recipient Verification:						

25 Sep 2023 15:40:40 UTC

Robert C. Stuart

IP address: 66.57.238.178 Location: Apex, United States

Signature

Document completed by all parties on:

25 Sep 2023 15:43:08 UTC

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✓ Email verified



Signed with PandaDoc

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