

Lot 47- TBD Nursery Rd.

Long	-78.99094699983420	-78.99038250030630
Lat	35.276592166990900	35.27681933327330
Boring_Typ	Conv	Conv
Depth_of_U	36	36
LTAR	0.45	0.8
Slope	6	6
Notes	0-24 LS 24-36 SCL	0-36 LS
Septic_Tank_Capacity	1,000 Gallon	
Pump_Tank_Capacity	1,000 Gallon(If Needed)	
Initial_System_Type	Accepted	SEDSOILS
Line_Length_Initial	270	LUNDAS J. BU
Max_Depth_Initial	18	A Friday O
Repair_System_Type	PPBPS (Horizontal)	
Line_Length_Repair	180	OF NORTH CA
Max_Depth_Repair	18	
Distribution_Method	Parallel or Serial	
Initial_LTAR	0.45	
Repair_LTAR	0.45	
GPD	480GPD - 4-Bedroom	
System_Description_Notes	Lot 47	



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: <u>919.760.9668</u> Email: mrlee@drhorton.com							
Phone:Email:Email:Email:							
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 47- 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							
Daily Design Flow: 480							
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:							
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 20 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 20 day of September, 2028.							
Signature of Authorized Onsite Wastewater Evaluator:							
Signature of Authorized Onsite Wastewater Evaluator: <u>France Beyle</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



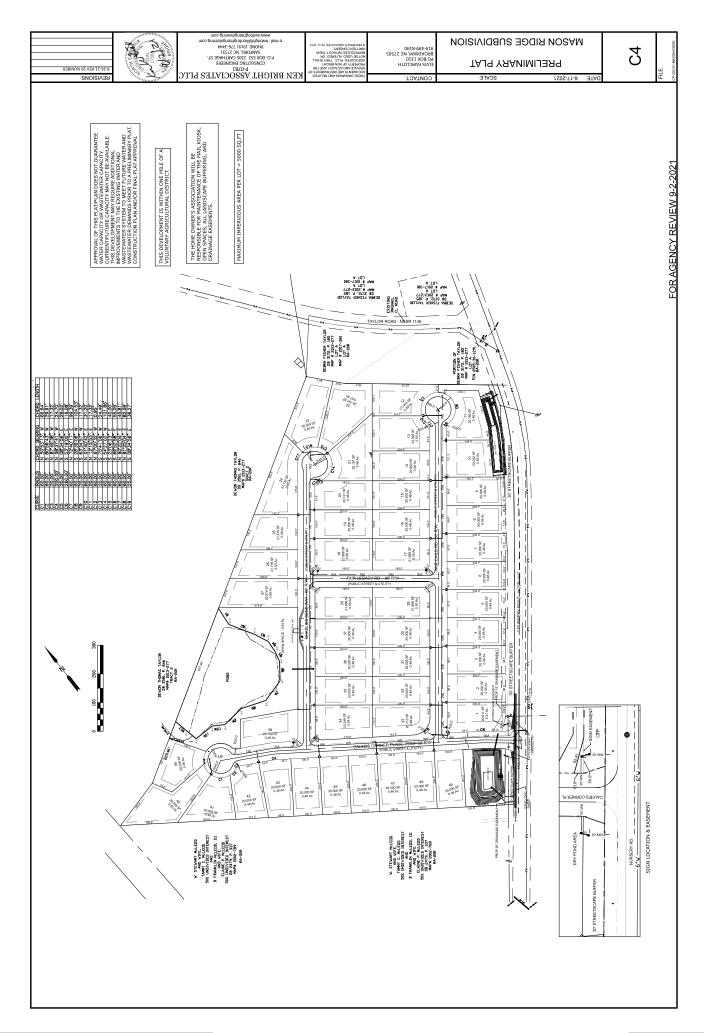


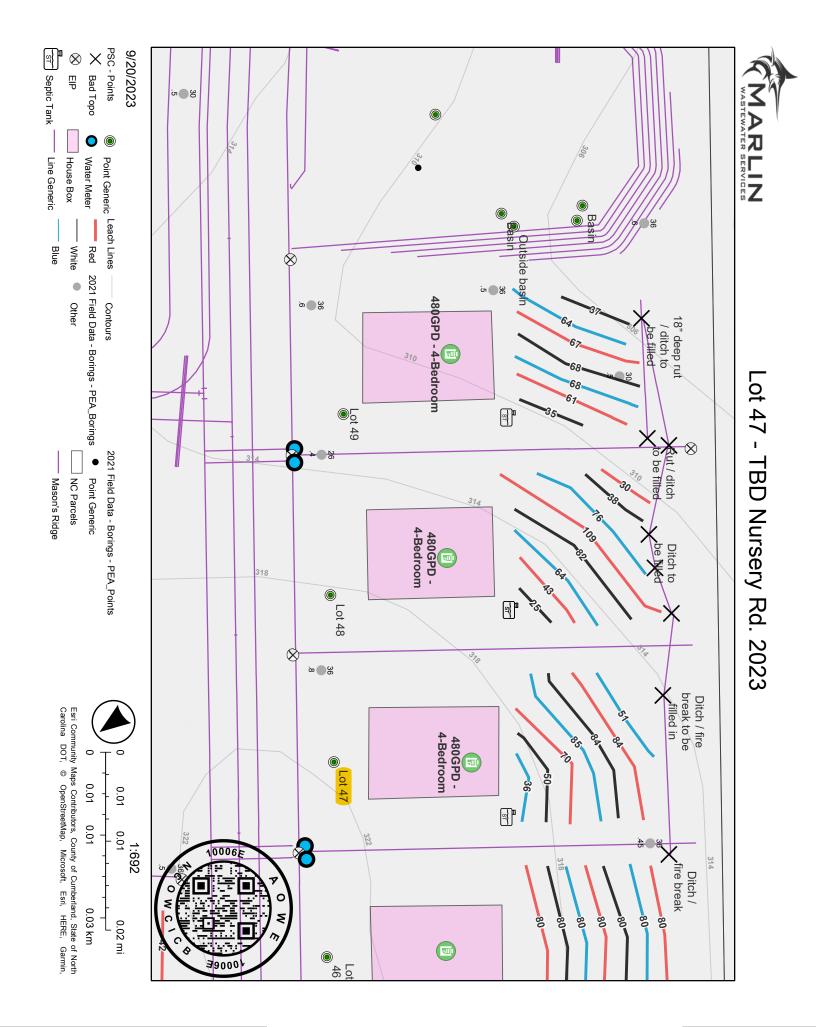
CERTIFICATE OF LIABILITY INSURANCE

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).									
PRODUCER Terry Riney Agency, Inc. 11 Trotter Hills Circle					CONTACT NAME: Kelli R. Starr PHONE (AIC, No, Ext): (910)295-1121 E-MAIL E-MAIL (910)295-8980				
Pinehurst NC 28374-7930					ADDRESS: kelli@rineyagency.com INSURER(S) AFFORDING COVERAGE INSURER A : Erie Insurance Company			NAIC #	
Marlin Wastewater Services, LLC P.O. Box 865					· · · · · · · · · · · · · · · · · · ·			26271	
West End				NC 27376-	INSURER E :				
0.0	VERAGES CEF		.ΔΤΕ	E NUMBER:			REVISION NUMBER:		
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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									
					041051147101			AL 004440	
XXXXXXXXXXX SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO XXXXXXXXXXXXX Sample Certificate XXXXXXXXXXXXXX Authorized Representative							IVERED IN		
Fax:() - © 1988-2014 ACORD CORPORATION. All rights reserved.									
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Signature Certificate

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Signature

Robert C. Stuart

IP address: 66.57.238.178 Location: Apex, United States

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