

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 ExpansionRepair RelocationRelocation of Repair Area	
Owner or Legal Representative Information: Name: D.R. Horton Inc. Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State: N Zip: 2756 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: N Zip: 2737 Phone: (910)295-1899 Email: info@owpnc.com	
Site Location Information: Site address: Lot 43- 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 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 11 day of October, 2023 by signature below I hereby attest that the information required to included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest the have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina. This NOI shall expire on 11 day of October, 2028.	
Signature of Authorized Onsite Wastewater Evaluator: **Torum J Bayu** **Robert C. Stuart**	-
Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater 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



(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 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 accord The contents shall be pumped whenever	ance with NCAC 18A .1961 - er the solids level is found to be more than 1	/3 of the liquid depth in any compartment.		
Owner/Client Acknowledgement of P	ermit Requirements	A O W E		
Robert C. Stuart	03 / 08 / 2024			
Owner Signature	Date			



Lot 43- TBD Nursery Rd

Long	-78.99204840264450	-78.99185888866220	-78.99157662542360
Lat	35.277190956139600	35.27731988579400	35.277400586260600
Boring_Type	Conventional	Conventional	Conventional
Slope	5-8	5-8	5-8
Landscape_Position	Linear	Linear	Linear
LTAR	0.8	0.8	0.8
Saprolite	No	No	No
Soil_Wetness	N/A	N/A	N/A
H1_Depth	42	42	42
H1_Texture	Loamy Sand	Loamy Sand	Loamy Sand
H1_Moist_Consistency	Loose	Loose	Loose
H1_Structure	Gr	Gr	Gr
H1_Mineralogy	Non Expansive	Non Expansive	Non Expansive
H1_Stickiness	Non Sticky	Non Sticky	Non Sticky
H1_Plasticity	Non Plastic	Non Plastic	Non Plastic
Usable_Depth	42	42	36
Septic_Tank_Capacity	1,000 Gallon		
Pump_Tank_Capacity	1,000 Gallon	SED SC	OIL SC/S
Initial_System_Type	Accepted	CV MAS	NIT OL
Line_Length_Initial	270	The state of the s	m - 1
Max_Depth_Initial	24	10/	
Repair_System_Type	PPBPS (Horizontal)	120	11 201
Line_Length_Repair	178	NOR	TH CAROL
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 43 - Ditch to be filled in		



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.				PHONE (A/C, No. Ext):	(910)295-1121	FAX (A/C, No):(910)2	95-8980
11 Trotter Hills Circle	Pinehurst	NC	28374-7930	È-MÁIL ADDRESS:	kelli@rineyagency.com		
	Filleriurst	INC			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

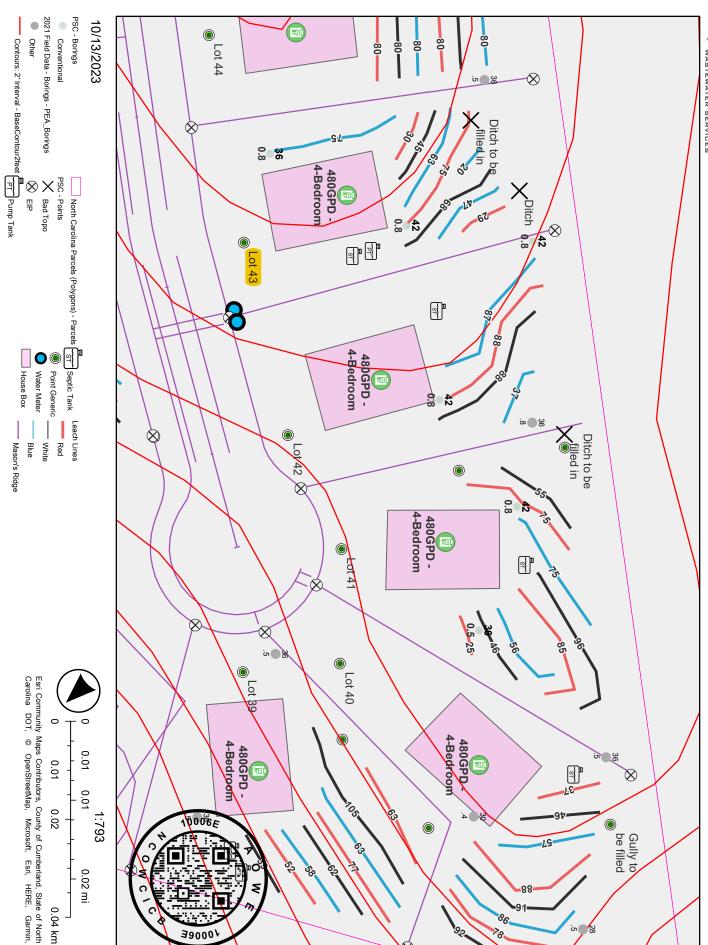
CERTIFICATE HOLDER	CANCELLATION Al 001118
XXXXXXXXXXXX Sample Certificate XXXXXXXXXXX	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
-	AUTHORIZED REPRESENTATIVE HOLLIER. Stark

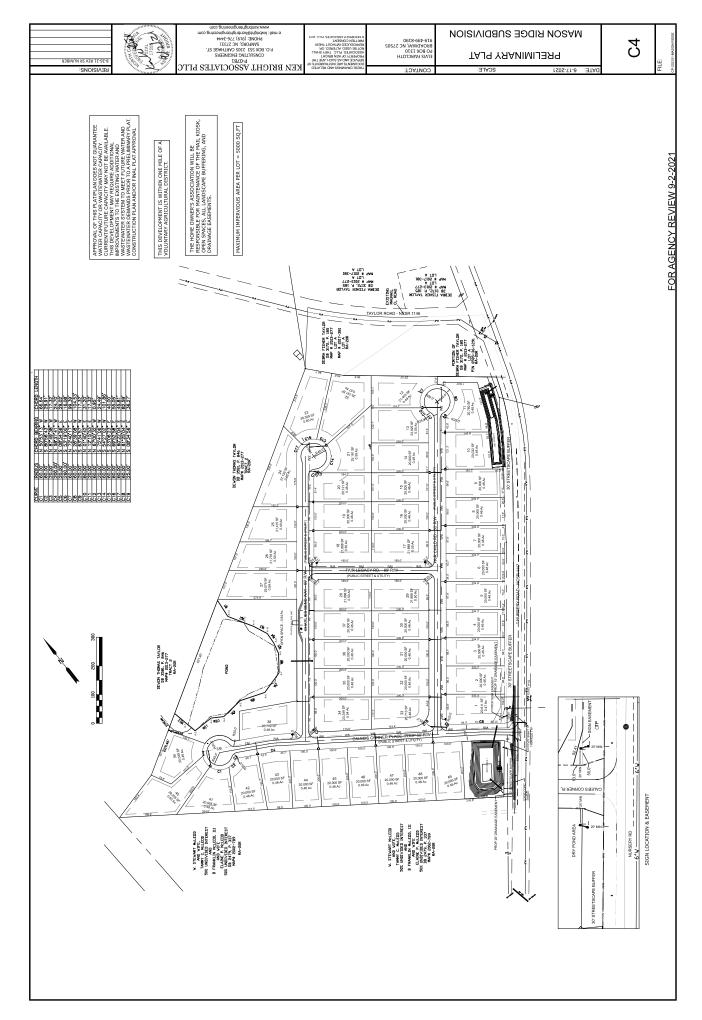
Fax:() - © 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)



Lot 43 - TBD Nursery Rd 2023





Signature Certificate

Reference number: 7NXEH-HB8YJ-HDMOX-JUX3O

limestamp
07 Mar 2024 20:55:44 UTC
08 Mar 2024 14:08:49 UTC
08 Mar 2024 14:53:48 UTC

08 Mar 2024 14:08:49 UTC

IP address: 66.57.238.178

Signature

Location: Morrisville, United States

Robert C. Stuart

Document completed by all parties on:

08 Mar 2024 14:53:48 UTC

Recipient Verification:

✓ Email verified

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