

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: N Zip: 2756 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: N Zip: 2737 Phone: (910)295-1899 Email: info@owpnc.com
Site Location Information: Site address: Lot 41- 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 Subsurface Operator Required: Yes X No Subsurface Operator Required: Yes X No Subsurface Supply Other:
Facility Type: X Residential 4 # Bedrooms 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>11</u> day of <u>October</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>11</u> day of <u>October</u> , <u>2028</u> .
Signature of Authorized Onsite Wastewater Evaluator: Frence J Bayle 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: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

03 / 08 / 2024

Date





Lot 41- TBD Nursery Rd

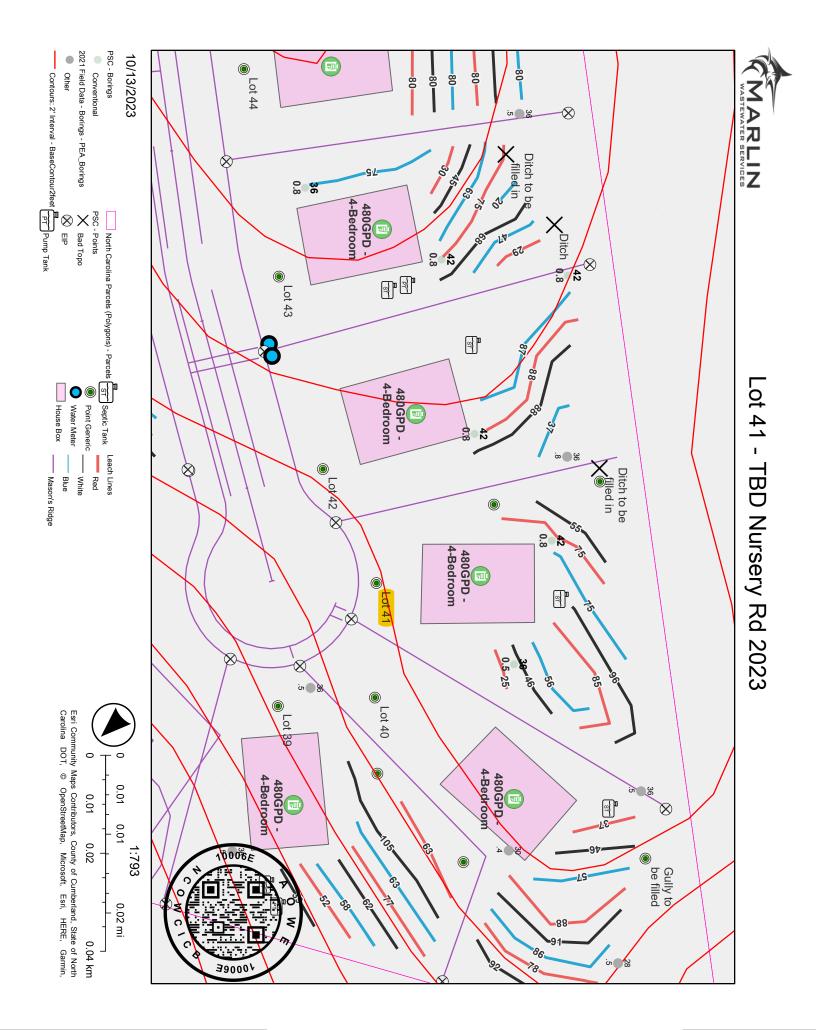
Long	-78.99240266585320	-78.99252803832750	35.27766250012910	
Lat	35.277495995503000	35.277672830846600		
Boring_Type	Conventional	Conventional	Conv	
Slope	5-8	2-5	6	
Landscape_Position	Linear	Linear	Linear	
LTAR	0.8	0.5	0.5	
Saprolite	No	No	No	
Soil_Wetness	N/A	N/A	N/A	
H1_Depth	42	16		
H1_Texture	Loamy 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	
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H2_Texture		SC Loam		
H2_Moist_Consistency		V Friable		
H2_Depth		36.0		
H2_Structure		SBK		
H2_Mineralogy		Slightly Expansive		
H2_Stickiness		Slightly Sticky		
H2_Plasticity		Slightly Plastic		
Usable_Depth	42	36	36	
Notes			0-24 LS 24-36 SCL	
Septic_Tank_Capacity	1,000 Gallon			
Pump_Tank_Capacity	1,000 Gallon(If Needed)			
Initial_System_Type	Accepted		SOILSC	
Line_Length_Initial	240	LU OMA	S J. BO	
Max_Depth_Initial	24		C SI	
Repair_System_Type	Accepted	Konge	() Dega	
Line_Length_Repair	240	(STE	and a start and a start and a start and a start	
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Distribution_Method	Parallel or Serial		-	
Initial_LTAR	0.5			
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GPD	480GPD - 4-Bedroom			

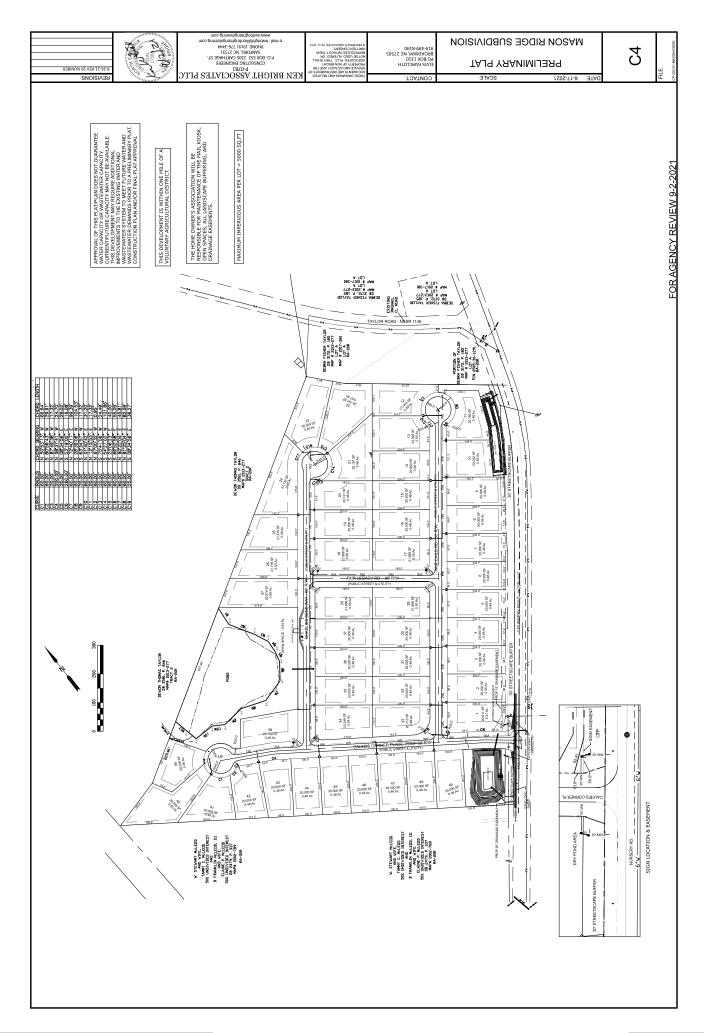


CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/06/2023

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 indexmemtion. Terry Riney Agency, Inc. The Trotter Hills Circle Printuns NC 28374-7930 Marin Wastewater Services, LLC Policy Box 665 West End NC 27376 West End NC 27376 Note The Dox 665 NC 27376 Note The Note Note The Note Note Note Note Note Note Note Not	C B R	IIS CERTIFICATE IS ISSUED AS A MATTER OF ERTIFICATE DOES NOT AFFIRMATIVELY OF ELOW. THIS CERTIFICATE OF INSURANCE EPRESENTATIVE OR PRODUCER, AND THE C IPORTANT: If the certificate holder is an ADD	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. ITIONAL INSURED, the po	, EXTEND OR ALTER THE CO TE A CONTRACT BETWEEN T Dicy(ies) must be endorsed. If \$	VERAGE AFFORDED BY THE HE ISSUING INSURER(S), AU SUBROGATION IS WAIVED, sui	E POLICIES THORIZED	
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CERTIFICATE HOLDER CANCELLATION Al 001118 XXXXXXXXXXXX Al 001118 Should any of the above described policies be cancelled before the expiration and service XXXXXXXXXXXX - Al 001118	<u> </u>		0.04.0400040				
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- AUTHORIZED REPRESENTATIVE Killi R. Starr	Sample Certificate			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
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Signature Certificate

Reference number: 7NXEH-HB8YJ-HDMOX-JUX3O

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Timestamp

Email: rcstuart@drhorton.com

Sent: Viewed: Signed: 07 Mar 2024 20:55:44 UTC 08 Mar 2024 14:08:49 UTC 08 Mar 2024 14:53:48 UTC

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Recipient Verification: <

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Signature

Robert C. Stuart

IP address: 66.57.238.178 Location: Morrisville, United States



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