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Lot 3- Nursery Rd.

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35.277404333697200	35.27719033352080	35.277133833595700	35.276964333584200
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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
Mailing address: 2000 Aena Center Parkway, Suite FIGA City: Monsterne State: No Zip: 27500 Phone: 919.760.9668 Email: mrlee@drhorton.com
Authorized Onsite Wastewater Evaluator Information: Name: Thomas Boyce, LSS, AOWE Certification #: 10006E
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 3- Masons Ridge -TBD Nursery Rd Spring Lake , NC 28390
Tax parcel identification number or subdivision lot, block number of property: County: Harnett
System Information: Wastewater System Type: Daily Design Flow: 480 Saprolite System: Yes X Yes X No Subsurface Operator Required: Yes X No Subsurface Operator Required: Yes X No Water Supply Type: Private Well X
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 <u>13</u> day of <u>September</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>13</u> day of <u>September</u> , <u>2028</u> .
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: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

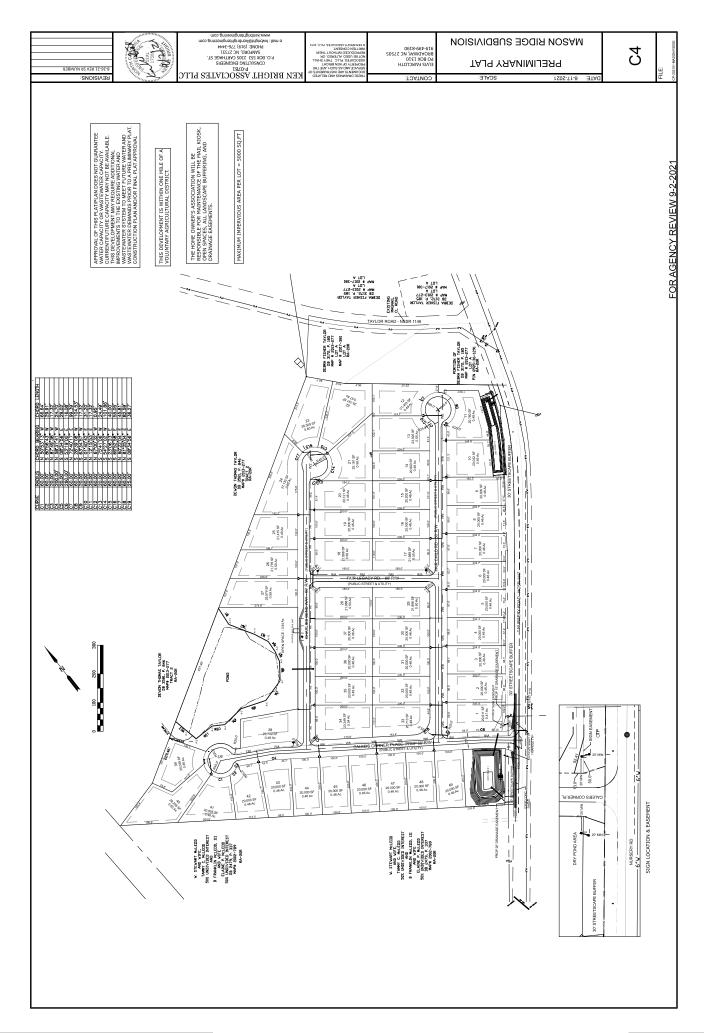


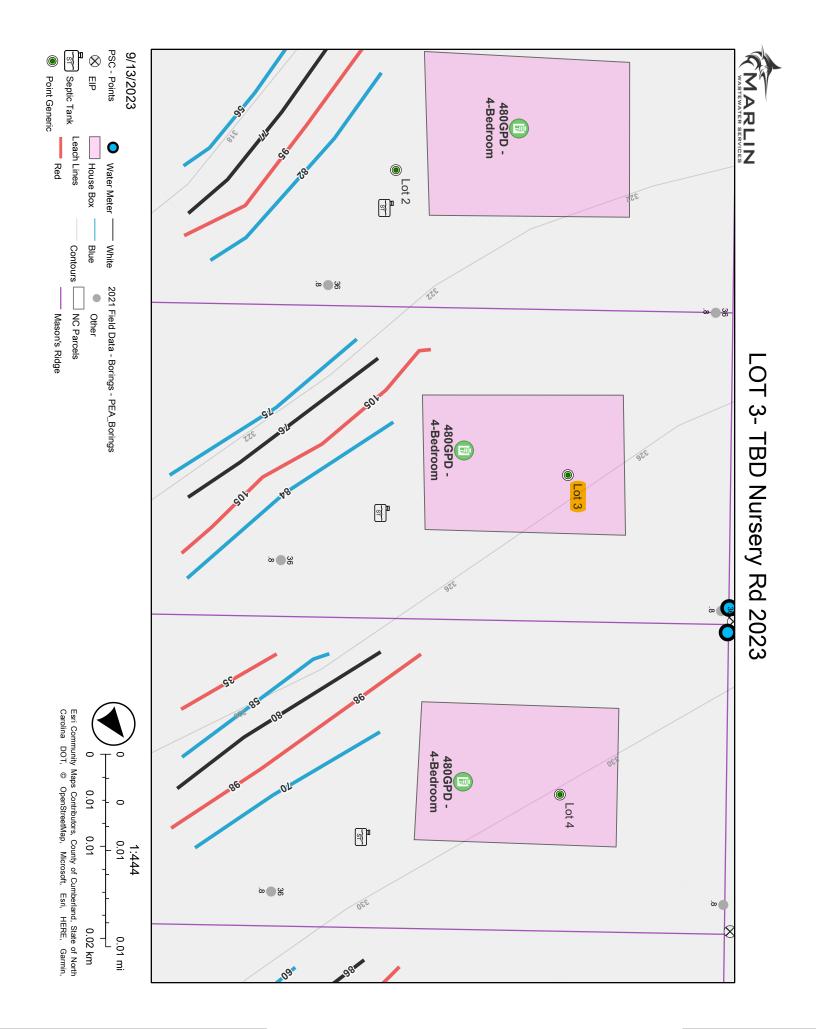


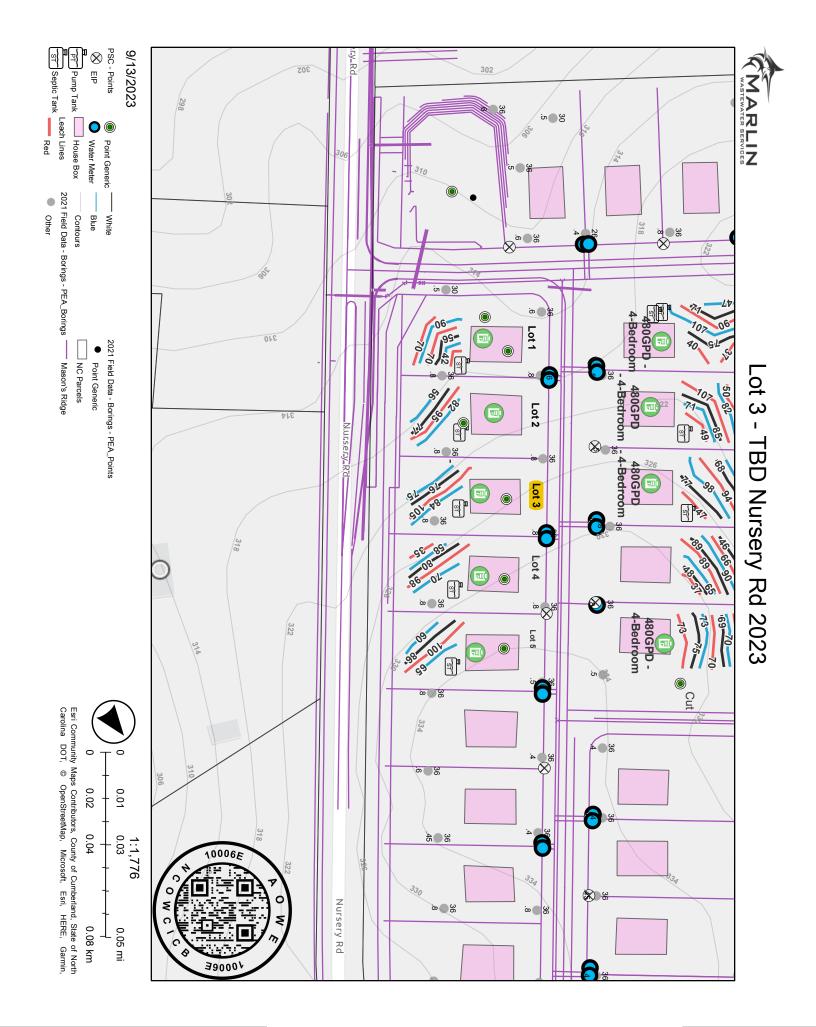
CERTIFICATE OF LIABILITY INSURANCE

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

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th	IPORTANT: If the certificate holder i le terms and conditions of the policy ertificate holder in lieu of such endor	certa	ain p	olicies may require an en				
-	DUCER Terry Riney Agency, Inc. 11 Trotter Hills Circle				PHONE (A/C, No, Ext): (910	R. Starr)295-1121	Fax (A/C, No):(910)2	95-8980
	Pinehurst			NC 28374-7930	ADDRESS: Kelli			NAIC #
INSL	RED Marlin Wastewater Servic P.O. Box 865	es, Ll	LC		INSURER B : ETIE INS INSURER C : INSURER D :			26271
	West End			NC 27376-	INSURER E : INSURER F :			
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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								
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Signature Certificate

Reference number: LEV2M-DPJCA-BJ6JW-EX3QW

Signer	Timestamp	XX
Email: rcstuart@drhorton.com		X
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Viewed:	25 Sep 2023 19:00:47 UTC	9
Signed:	25 Sep 2023 19:02:01 UTC	2
Recipient Verification:		
✓Email verified	25 Sep 2023 19:00:47 UTC	

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25 Sep 2023 19:02:01 UTC

Page 1 of 1

Signature

Robert C. Stuart

IP address: 66.57.238.178 Location: Apex, United States

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