

## Lot 4 - TBD Nursery Rd

Long	-78.9889728334197	-78.98858949983010
Lat	35.27761333331680	35.27736316688630
Boring_Typ	Conv	Conv
Depth_of_U	36	36
LTAR	0.8	0.8
Slope	2	6
Notes	0-36+ LS	0-36+ LS
Septic_Tank_Capacity	1,000 Gallon	
Pump_Tank_Capacity		
Initial_System_Type	Accepted	
Line_Length_Initial	150	CHISED SOIL
Max_Depth_Initial	24	
Repair_System_Type	Accepted	on hand
Line_Length_Repair	150	Trop 1241 NORTH
Max_Depth_Repair	24	ion in
Distribution_Method	Parallel or Serial	
Initial_LTAR	8	
Repair_LTAR	0.8	
GPD	480GPD - 4-Bedroom	
System_Description_Notes	Lot 4	



### 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 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 4- 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     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 <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: <u>France</u> Beyer Signature of Owner or Legal Representative: <b>Robert C. Stuart</b>							
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

09 / 25 / 2023

**Owner Signature** 

Date

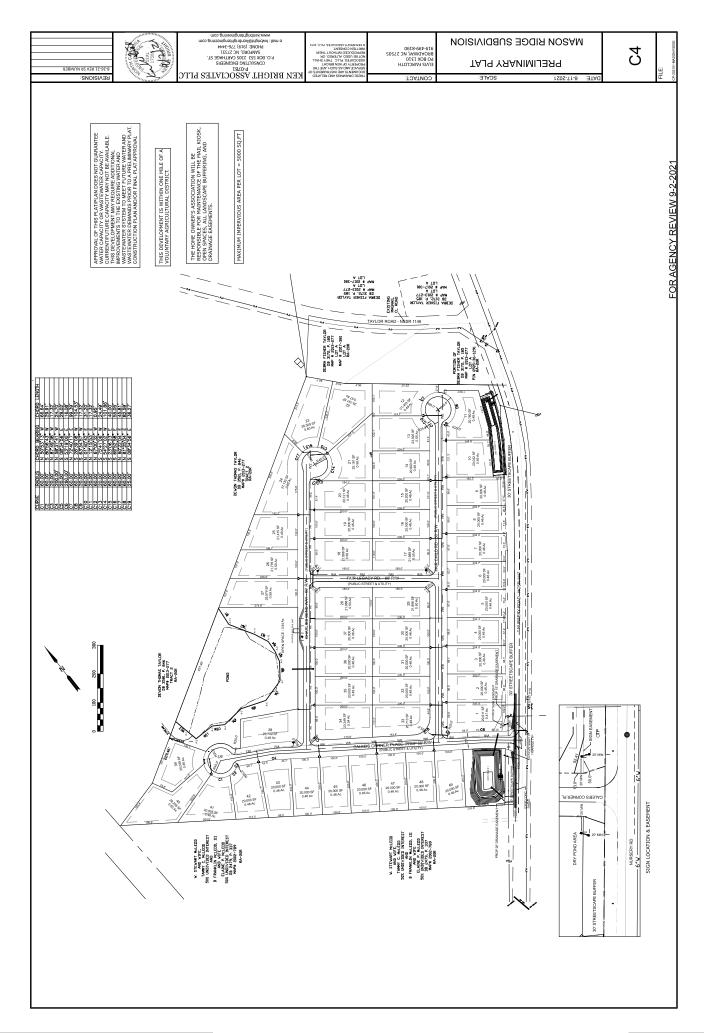


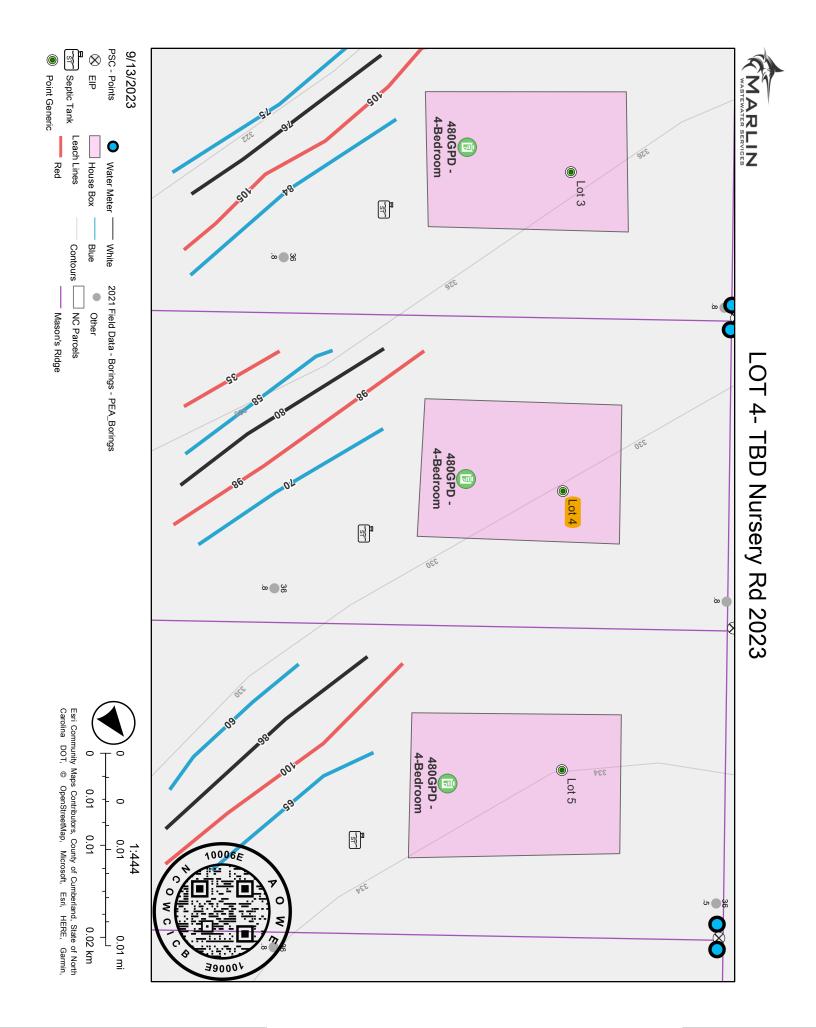


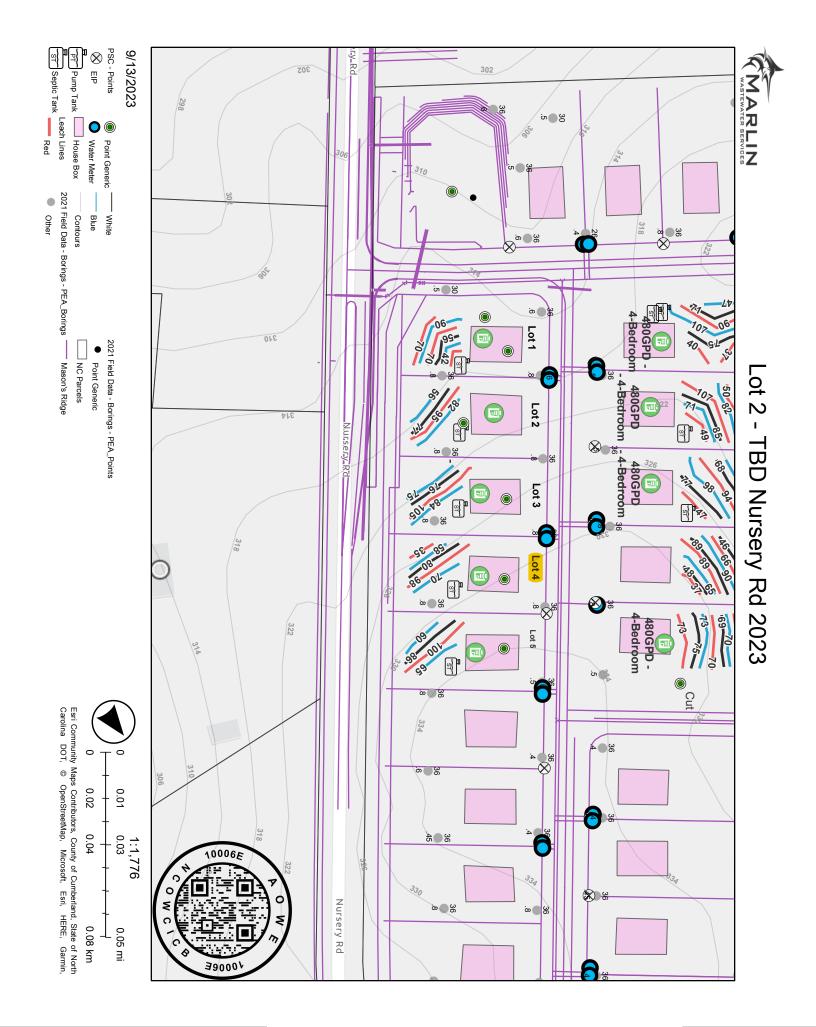
### **CERTIFICATE OF LIABILITY INSURANCE**

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).								
-	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 :			
0.0	VERAGES CEE		.ΔΤΕ				REVISION NUMBER:	
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.								
		_	SUBF		POLICY EFF			
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
CERTIFICATE HOLDER   CANCELLATION   AI 00111     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.   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   Authorized representative   Image: Amount of the above described policies are an accordance with the policy provisions.								LED BEFORE LIVERED IN
	Fax:() - © 1988-2014 ACORD CORPORATION. All rights reserved.							
AC	ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD							







# **Signature Certificate**

Reference number: LEV2M-DPJCA-BJ6JW-EX3QW

Signer	Timestamp	XX
Email: rcstuart@drhorton.com		X
Sent:	25 Sep 2023 18:27:40 UTC	
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

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Signature

Robert C. Stuart

IP address: 66.57.238.178 Location: Apex, United States

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