

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	ocation of Repair Area
Owner or Legal Representative Information: Name: D.R. Horton Inc.	
Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State	te: N Zip: 2756
Phone: 919.760.9668 Email: mrlee@drhorton.com	
Authorized Onsite Wastewater Evaluator Information:	100005
Name: Thomas Boyce, LSS, AOWE Certification #	. 10006E
Mailing address: PO Box 865 City: West End State	te: N Zip: 2/3/
Phone: (910)295-1899 Email: info@owpnc.com	
Site Location Information: Site address: Lot 15- Masons Ridge -TBD Nursery Rd Spring Lake, NC 28390 Tax parcel identification number or subdivision lot, block number of property: Part of	of 0505-15-3556
County: Harnett	
System Information: Wastewater System Type: III(g)- Accepted Daily Design Flow: 480 Saprolite System: Yes X No Subsurface Operator Required: Yes Water Supply Type: Private Well X Public Water Supply Spring 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:	\$\tau_{\text{0.00}}\text{\(\text{0.00}\)\text{\(\text{0.00}\}\)\(\t
Required Attachments: X	
Attest: On this the 11 day of October, 2023 by signature below I hereby atterniculated with this NOI to Construct is accurate and complete to the best of my knowled have adhered to the laws and rules governing onsite wastewater systems in the state of This NOI shall expire on 11 day of October, 2028.	
Signature of Authorized Onsite Wastewater Evaluator: Robert C. Stuart	
Signature of Owner or Legal Representative: Robert C. Stuart	
Disclosure: The owner may apply for a building permit for the project upon submitting required (if any) to the local health department. An onsite wastewater system authorized evaluator shall be transferable to a new owner with the consent of the authorized onsite	ed by an authorized onsite wastewater
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.
- The client/owner is responsible for marking any property lines and corners.
- 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 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 acco The contents shall be pumped whene		n 1/3 of the liquid depth in any compartment.
Owner/Client Acknowledgement of	Permit Requirements	A O W E
Robert C. Stuart	03 / 08 / 2024	
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).

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	IVO	20314-1330		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		ADDL SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	
LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
ΙA	X COMMERCIAL GENERAL LIABILITY		Q61-0188942	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED \$ 1,000,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					\$
Α	AUTOMOBILE LIABILITY		Q61-0188942	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT \$ 1,000,000
	X ANY AUTO			0170172020	0170112021	BODILY INJURY (Per person) \$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
В	X UMBRELLA LIAB OCCUR		Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DED RETENTION \$					\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Х	Q91-0104617	07/01/2023	07/01/2024	X PER OTH- STATUTE ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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
			1	1	L	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
XXXXXXXXXXX Sample Certificate XXXXXXXXXX	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:() -

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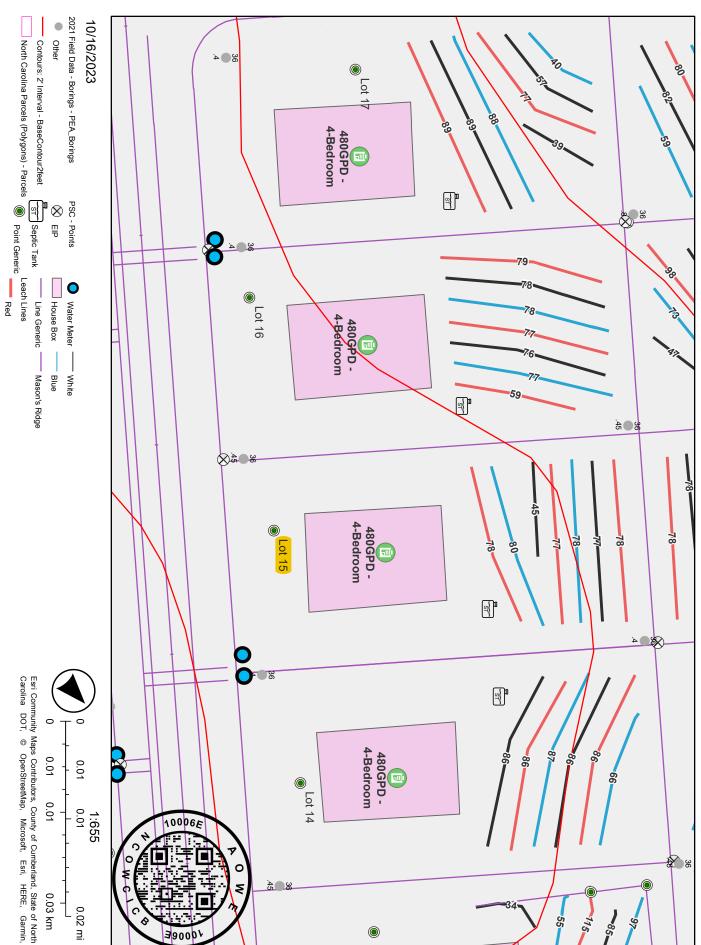
ACORD 25 (2014/01)

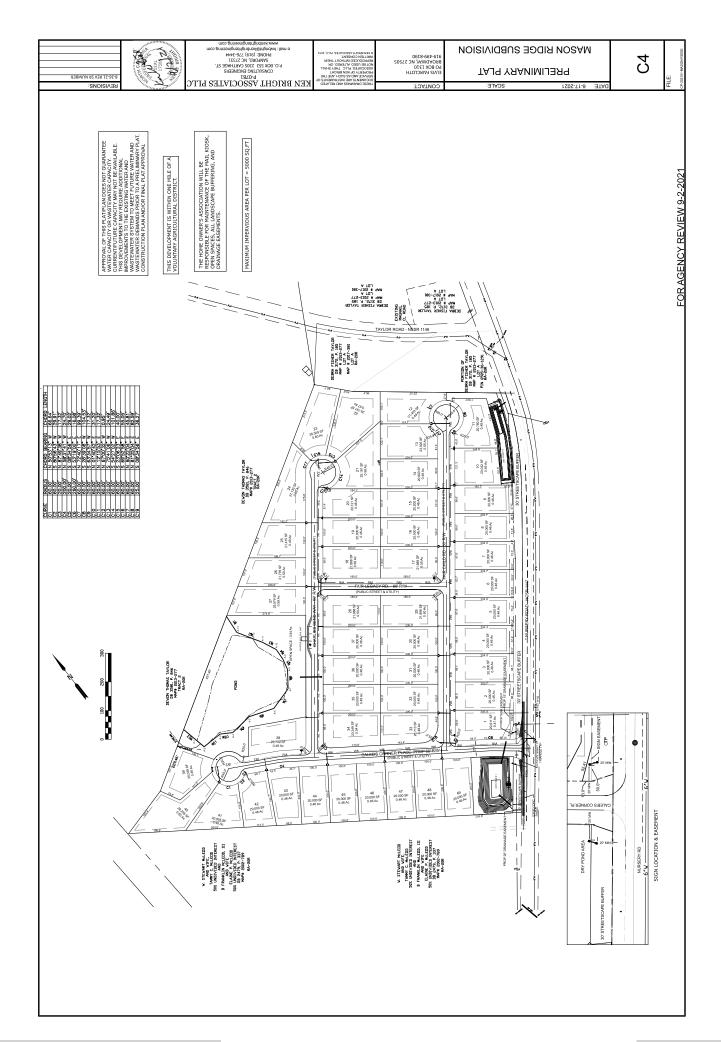


Lot 15- TBD Nursery Rd.

Long	-78.98839533347300	-78.98818583377230	-78.98867666695540
Lat	35.278540500085100	35.278766833693700	35.27906766655910
Boring_Typ	Conv	Conv	Conv
Depth_of_U	36	36	36
LTAR	0.45	0.4	0.4
Slope	2	2	6
Notes	0-18 LS 18-36+ SCL	0-10 LS 10-36+ SCL	0-6 LS 6-36 SCL lightens up deeper
Septic_Tank_Capacity	1,000 Gallon		
Pump_Tank_Capacity	1,000 Gallon(If Needed)	200	S011 80
Initial_System_Type	Accepted	CLYONAS	J. B
Line_Length_Initial	300'	EAV SA	
Max_Depth_Initial	24"	1.5	
Repair_System_Type	PPBPS (Horizontal)		0 1241 ROV
Line_Length_Repair	200'		ORTH CF
Max_Depth_Repair	24"		
Distribution_Method	Serial		
Initial_LTAR	0.4		
Repair_LTAR	0.4		
GPD	480GPD - 4-Bedroom		

Lot 15 - TBD Nursery Rd





Signature Certificate

Reference number: RXHCW-279LJ-JWEHN-D647O

 Signer
 Timestamp

 Email: rcstuart@drhorton.com
 07 Mar 2024 20:46:42 UTC

 Sent:
 07 Mar 2024 20:46:42 UTC

 Viewed:
 08 Mar 2024 14:13:15 UTC

 Signed:
 08 Mar 2024 14:47:54 UTC

Recipient Verification:

✓Email verified 08 Mar 2024 14:13:15 UTC

Signature

Robert C. Stuart

IP address: 66.57.238.178 Location: Morrisville, United States

Document completed by all parties on:

08 Mar 2024 14:47:54 UTC

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