



**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 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 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 16- 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(g)- Accepted
 Daily Design Flow: 480
 Sapolite System: Yes No Subsurface Operator Required: Yes No
 Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 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:
 Plat or Site Plan
 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 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 11 day of October, 2028.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce
 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: _____



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:

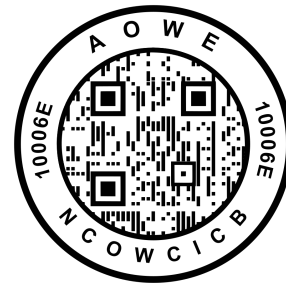
Maintenance Requirements:

System should be maintained in 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





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 Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst NC 28374-7930	CONTACT NAME: Kelli R. Starr	PHONE (A/C, No, Ext): (910)295-1121	FAX (A/C, No): (910)295-8980
	E-MAIL ADDRESS: kelli@rineyagency.com		
INSURED Marlin Wastewater Services, LLC P.O. Box 865 West End NC 27376-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Erie Insurance Company		26263
	INSURER B : Erie Insurance Exchange		26271
	INSURER C :		
	INSURER D :		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Q61-0188942	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Q61-0188942	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	Q91-0104617	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractor's Errors & Omissions			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

AI 001118

XXXXXXXXXXXX Sample Certificate XXXXXXXXXXXX	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 <i>Kelli R. Starr</i>

Fax: () -

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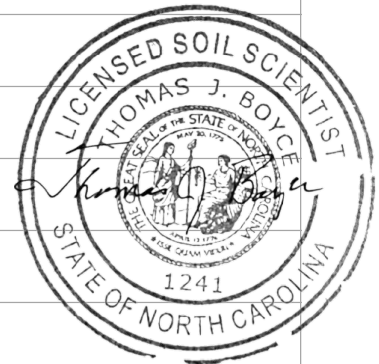
ACORD 25 (2014/01)

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Lot 16- TBD Nursery Rd.

Long	-78.98839533347300	-78.98888766684250
Lat	35.278540500085100	35.2788448332921
Boring_Typ	Conv	Conv
Depth_of_U	36	36
LTAR	0.45	0.45
Slope	2	6
Notes	0-18 LS 18-36+ SCL	0-20 LS 20-36 SCL
Septic_Tank_Capacity	1,000 Gallon	
Pump_Tank_Capacity	1,000 Gallon(If Needed)	
Initial_System_Type	Accepted	
Line_Length_Initial	267'	
Max_Depth_Initial	24"	
Repair_System_Type	PPBPS (Horizontal)	
Line_Length_Repair	177'	
Max_Depth_Repair	24"	
Distribution_Method	Serial	
Initial_LTAR	0.45	
Repair_LTAR	0.45	
GPD	480GPD - 4-Bedroom	



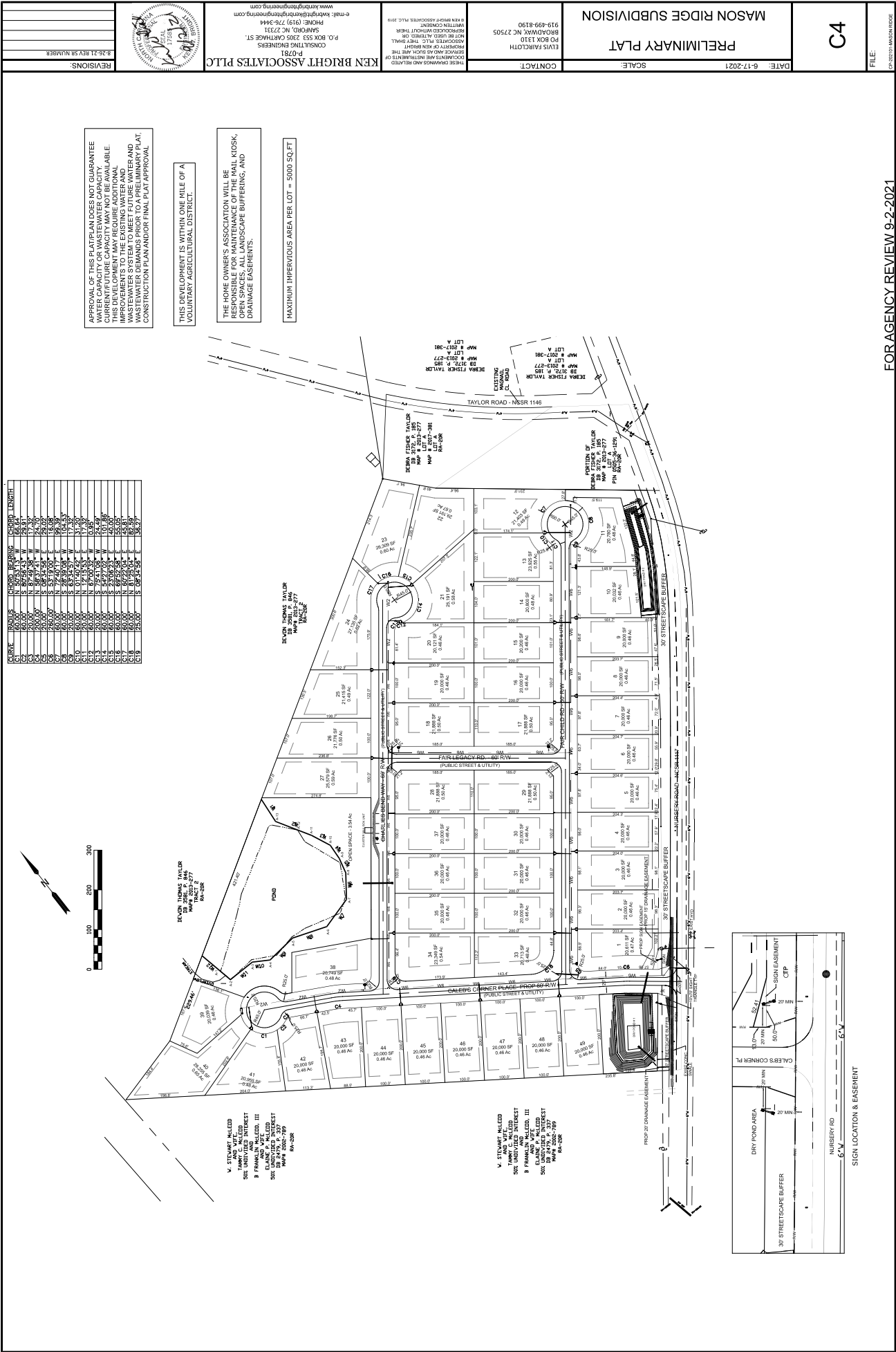
Lot 16 - TBD Nursery Rd



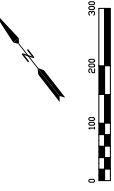
10/16/2023

- 2021 Field Data - Borings - PEA, Borings
- Other
- Contours: 2 Interval - BaseContourZfeet
- North Carolina Parcels (Polygons) - Parcels
- PSC - Points
- EIP
- Septic Tank
- Water Meter
- House Box
- Line Generic
- Mason's Ridge
- Leach Lines
- Red
- Point Generic

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SECTION	AREA	PERCENT	CHANGING	LENGTH
C1	10,000.00	10.00%	10.00	10.00
C2	10,000.00	10.00%	10.00	10.00
C3	10,000.00	10.00%	10.00	10.00
C4	10,000.00	10.00%	10.00	10.00
C5	10,000.00	10.00%	10.00	10.00
C6	10,000.00	10.00%	10.00	10.00
C7	10,000.00	10.00%	10.00	10.00
C8	10,000.00	10.00%	10.00	10.00
C9	10,000.00	10.00%	10.00	10.00
C10	10,000.00	10.00%	10.00	10.00
C11	10,000.00	10.00%	10.00	10.00
C12	10,000.00	10.00%	10.00	10.00
C13	10,000.00	10.00%	10.00	10.00
C14	10,000.00	10.00%	10.00	10.00
C15	10,000.00	10.00%	10.00	10.00
C16	10,000.00	10.00%	10.00	10.00
C17	10,000.00	10.00%	10.00	10.00
C18	10,000.00	10.00%	10.00	10.00
C19	10,000.00	10.00%	10.00	10.00
C20	10,000.00	10.00%	10.00	10.00
C21	10,000.00	10.00%	10.00	10.00
C22	10,000.00	10.00%	10.00	10.00
C23	10,000.00	10.00%	10.00	10.00
C24	10,000.00	10.00%	10.00	10.00
C25	10,000.00	10.00%	10.00	10.00
C26	10,000.00	10.00%	10.00	10.00
C27	10,000.00	10.00%	10.00	10.00
C28	10,000.00	10.00%	10.00	10.00
C29	10,000.00	10.00%	10.00	10.00
C30	10,000.00	10.00%	10.00	10.00
C31	10,000.00	10.00%	10.00	10.00
C32	10,000.00	10.00%	10.00	10.00
C33	10,000.00	10.00%	10.00	10.00
C34	10,000.00	10.00%	10.00	10.00
C35	10,000.00	10.00%	10.00	10.00
C36	10,000.00	10.00%	10.00	10.00
C37	10,000.00	10.00%	10.00	10.00
C38	10,000.00	10.00%	10.00	10.00
C39	10,000.00	10.00%	10.00	10.00
C40	10,000.00	10.00%	10.00	10.00
C41	10,000.00	10.00%	10.00	10.00
C42	10,000.00	10.00%	10.00	10.00
C43	10,000.00	10.00%	10.00	10.00
C44	10,000.00	10.00%	10.00	10.00
C45	10,000.00	10.00%	10.00	10.00
C46	10,000.00	10.00%	10.00	10.00
C47	10,000.00	10.00%	10.00	10.00
C48	10,000.00	10.00%	10.00	10.00
C49	10,000.00	10.00%	10.00	10.00
C50	10,000.00	10.00%	10.00	10.00



APPROVAL OF THIS PLAT/PLAN DOES NOT GUARANTEE WATER CAPACITY OR WASTEWATER CAPACITY OF EXISTING OR PROPOSED INFRASTRUCTURE. THIS DEVELOPMENT MAY REQUIRE ADDITIONAL IMPROVEMENTS TO THE EXISTING WATER AND WASTEWATER SYSTEMS TO MEET FUTURE WATER AND WASTEWATER DEMANDS. THE HOMEOWNER IS RESPONSIBLE FOR OBTAINING NECESSARY PERMITS, CONSTRUCTION PLAN AND/OR FINAL PLAT APPROVAL.

THIS DEVELOPMENT IS WITHIN ONE MILE OF A VOLUNTARY AGRICULTURAL DISTRICT.

THE HOME OWNERS' ASSOCIATION WILL BE RESPONSIBLE FOR MAINTENANCE OF THE MAIL KIOSK, OPEN SPACES, ALL LANDSCAPE BUFFERING, AND DRAINAGE EASEMENTS.

MAXIMUM IMPERVIOUS AREA PER LOT = 5000 SQ-FT

KEN BRIGHT ASSOCIATES PLLC
 CONSULTING ENGINEERS
 P.O. BOX 553 2305 CARTHAGE ST.
 SANFORD, NC 27331
 PHONE: (919) 776-3444
 E-MAIL: kbright@brightassociates.com
 WWW.BRIGHTASSOCIATES.COM

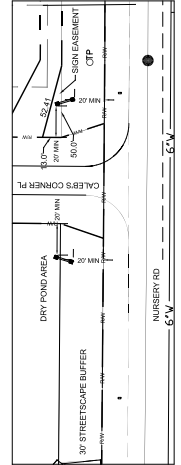
MASON RIDGE SUBDIVISION
PRELIMINARY PLAT
 DATE: 6-17-2021
 SCALE

C4

CONTACT
 ELVIS EARL CLOTH
 PO BOX 1310
 BROADWAY, NC 27305
 919-499-8150

FILE:
 PL-20210310.MASONRIDGE

FOR AGENCY REVIEW 9-2-2021



Signature Certificate

Reference number: RXHCW-279LJ-JWEHN-D6470

Signer

Email: rcstuart@drhorton.com

Sent:

Viewed:

Signed:

Timestamp

07 Mar 2024 20:46:42 UTC

08 Mar 2024 14:13:15 UTC

08 Mar 2024 14:47:54 UTC

Signature



Recipient Verification:

✓Email verified

08 Mar 2024 14:13:15 UTC

IP address: 66.57.238.178

Location: Morrisville, United States

Document completed by all parties on:

08 Mar 2024 14:47:54 UTC

Page 1 of 1



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