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: Mattamy Homes, LLC
Mailing address: 11000 Regency Parkway, Suite 110 City: Cary State: NC Zip: 27518
Phone: 919-625-9546 Email: drew.brody@mattamycorp.com

Authorized Onsite Wastewater Evaluator Information:
Name: Hal Owen Certification #: 10036E
Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546
Phone: 910-893-8743 Email: hal@halowensoil.com

Site Location Information:
Site address: Barrow Ct, Angier, NC 27501
Tax parcel identification number or subdivision lot, block number of property:
0682-29-4945.000, Riverfall SD Ph 1, Lot 1 County: Harnett

System Information:
Wastewater System Type: IIIbg (Pump to Accepted Status 25% reduction)
Daily Design Flow: 360 gpd
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 3 # Bedrooms 6 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 20 day of June, 2024 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 20 day of June, 2029.

Signature of Authorized Onsite Wastewater Evaluator: Hal Owen

Signature of Owner or Legal Representative: ____

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: ____

HALOWE1 OP ID: SGW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/11/2024

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 have ADDITIONAL INSURED provisions or 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 910-893-5707 INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB	CONTACT NAME: SHARON WOODY PHONE (A/C, No, Ext): 910-893-5707 FAX (A/C, No): 910-893-2077 E-MAIL ADDRESS: SWOODY@ISCFAY.COM
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : STARSTONE NATIONAL
INSURED HAL OWEN & ASSOCIATES, INC. PO BOX 400 LILLINGTON, NC 27546	INSURER B : 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PROFESSIONAL LIAB.			42ESP00143901	01/27/2024	01/27/2025	PER OCC.	1,000,000
							AGGREGATE	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

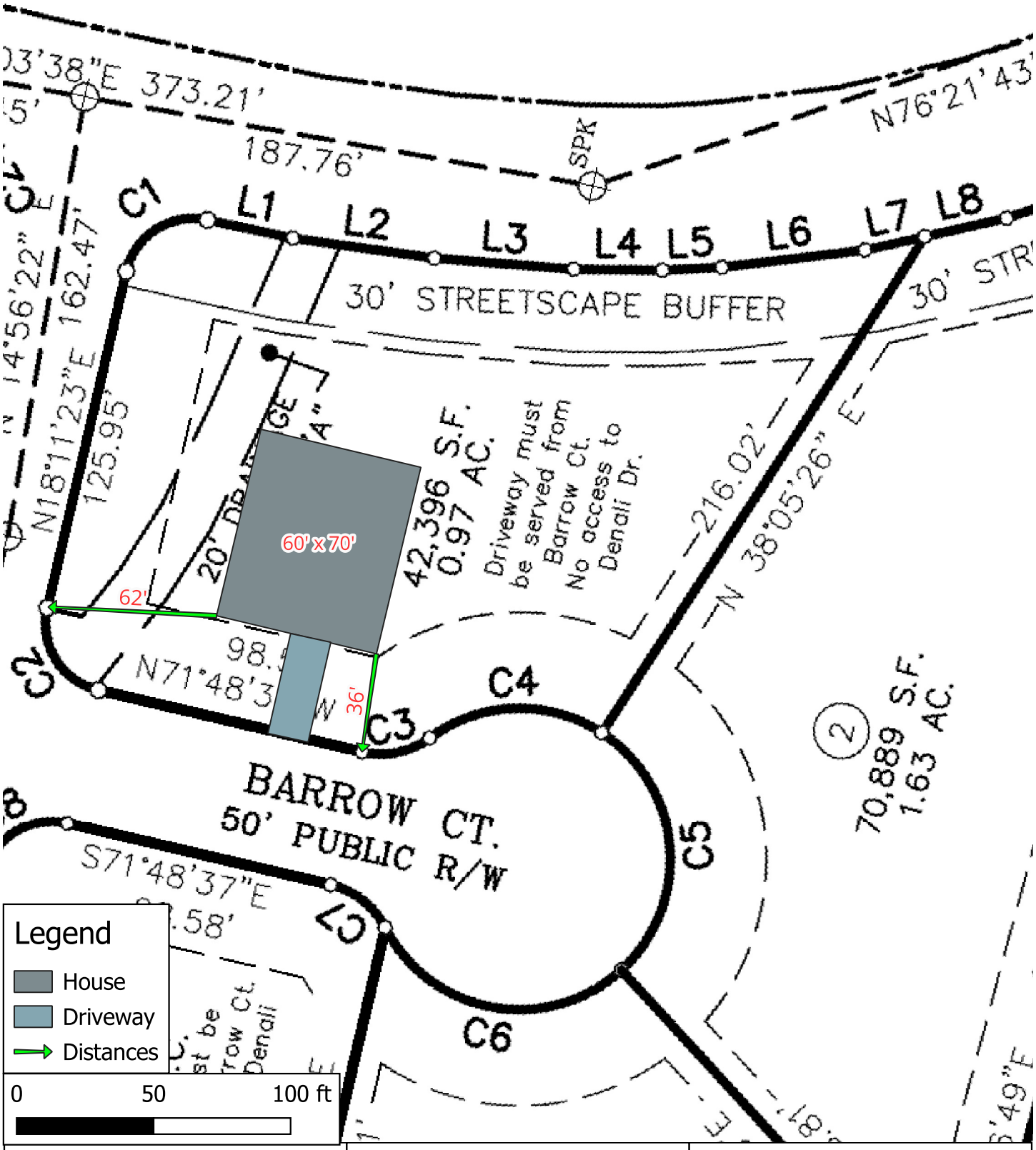
CERTIFICATE HOLDER

CANCELLATION

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

Sharon K. Woody



Hal Owen & Associates Inc. PO Box 400, Lillington, NC 27546 www.halowensoil.com 919-893-8743	Riverfall SD, Ph 1 Lot 1 17 June 2024	Site Plan For reference only. Not a survey.

AOWE EVALUATION

HAL OWEN ASSOCIATES
www.halowensoil.com

HOA-AOWE-2406-10

Issue date 6/20/2024
Expiration 6/20/2029

APPLICANT INFORMATION

Name	Mattamy Homes, LLC		
Mailing Address	11000 Regency Parkway, Suite 110; Cary NC 27518		
E-mail Address	Drew.Brody@mattamycorp.com	Telephone Number	919-625-9546

PROPERTY IDENTIFIERS

County	Harnett	PIN	0682-29-4945.000
Size (Acre)	0.97	County PID	
Site Address	Barrow Ct, Angier, NC 27501		
S/D Name and Lot#	Riverfall SD, Ph 1 Lot 1		

PROJECT INFORMATION

Wastewater System	New		.0403 Eng Low Flow	No
Wastewater Strength	Domestic		Effluent Standard	DSE
Facility Type	Residential		Water Supply	Public Water
Design Wastewater Flow	360	gpd	gal/unit	120
Basis for Flow	3	bedrooms	max occupancy	6
Basement	No		Fixtures in basement?	No
Crawl Space	No		Slab Foundation	Yes

CONSULTANT INFORMATION

Company Name	Hal Owen & Associates, Inc.		
Mailing Address	PO Box 400, Lillington, NC 27546		
E-mail Address	hal@halowensoil.com	Telephone Number	910-893-8743
Licensed Soil Scientist	Britt Wilson, LSS#1351	AOWE	Hal Owen, #10036E

A soil and site evaluation has been conducted for the referenced property for the purpose of permitting a subsurface wastewater system. This evaluation was prepared based on information provided by the applicant to include the basis for design flow, proposed structure location(s), and property boundaries. Any false, inaccurate, or incomplete information provided by the applicant, owner, or legal representatives may result in denial or revocation of applications, approvals, or permits.

This AOWE Evaluation is being submitted pursuant to and meets the requirements of G.S.130A-336.2. This evaluation includes a soil and site evaluation, specifications, plans, and reports for the site layout and construction of a proposed onsite wastewater system by an Authorized On-Site Wastewater Evaluator (AOWE). The evaluation of soil conditions and site features is provided in accordance with G.S. 130A-335(e), the Rules for "Wastewater Treatment and Dispersal Systems", 15A NCAC 18E, and local septic regulations (if any). This report represents my professional opinion as a Licensed Soil Scientist and Authorized Onsite Wastewater Evaluator.

Britt Wilson

LICENSED SOIL SCIENTIST JOSEPH BRITT WILSON 1351 STATE OF NORTH CAROLINA

NC ONSITE WASTEWATER Certification Number 10036E EVALUATOR

Hal Owen

LICENSED SOIL SCIENTIST HAL OWEN 1102 STATE OF NORTH CAROLINA

AOWE EVALUATION

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WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Proposed Design Daily Flow	360	gpd	Drainfield Meeets Requirements:	
Septic Tank Size (minimum)	1000	gallons	.0508 Available Space	Yes
Pump Tank Size (minimum)	1000	gallons, if required	.0601 Setbacks	Yes

Initial System

System Type	IIIbg –Pump to Other non-conventional systems					
Pump Required	Yes		10.3	ft TDH at	27.3	GPM
Trenches:	Accepted (25% reduction) System					
Design LTAR	0.40	gal/day/ft^2		Saprolite System	No	
Total Trench/ Bed Length	225	feet		Fill System	No	
Trench Spacing	9	ft on center				
Usable soil depth to LC	48	inches				
Maximum Trench Depth	24	inches, measured on downhill side of trench				
Minimum Soil Cover	6	inches				
Artificial Drainage Required	No					

Repair System

System Type:	IIIbe – Pump to PPBPS system				
Pump Required	Yes				
Trenches:	PPBPS, horizontal				
Design LTAR	0.30	gal/day/ft^2	Saprolite System	No	
Total Trench/ Bed Length	201	feet	Fill System	No	
Trench Spacing	9	ft on center			
Usable soil depth to LC	48	inches			
Maximum Trench Depth of	24	inches, measured on downhill side of trench			
Minimum Soil Cover	6	inches			

Potential Drainlines flagged at site on 9-ft centers.

Line #	Color	Rel. Elev. NE	Rel. Elev. SW	Drainline Length(ft)	Field Length(ft)	
1	B	98.77	99.27	67	80	Repair
2	W	98.68	99.18	67	80	
3	Y	98.84	99.34	67	75	
4	R	98.36	-	80	129	Initial
5	B	97.40	-	85	99	
6	W	97.11	-	60	61	
Septic Tank:		97.11				
Pump Tank:		97.40				
Reference Elev:		**100.00**				

Notes:
*No grading or removal of soil in initial or repair areas
*Property lines per owner
*Trench bottoms shall be level to +/- 1/4" in 10ft
*All parts of septic system must meet minimum setbacks

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PERMIT CONDITIONS

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met.

System shall be installed in accordance with the attached Wastewater System Design Specificaitons.
See attached SYSTEM LAYOUT for wastewater system design and location.

Any changes to the site plan or intended use must be approved by Hal Owen & Associates. Permit modification and resubmittal to the LHD may be necessary to ensure regulatory compliance.

Conformance to all regulatory setbacks shall be maintained. Local regulations (such as well or riparian buffer ordinances) may require more stringent setbacks than specified in the septic regulations.

Minimum soil cover of six inches shall be established over dispersal field. Soil cover above the original grade shall be placed at a uniform depth over the entire dispersal field and shall extend laterally five feet beyond the dispersal trench. Site shall be graded to shed water away from field and a vegetative cover established to prevent erosion.

The dispersal field and repair area shall not be subject to vehicular traffic. Vehicular traffic can damage soils, pipes, and valve boxes. Do not use septic areas for parking.

Do not allow underground utilities, water lines, or sprinkler systems to be installed in the septic areas. Damage to the septic areas could result in the septic permit being revoked.

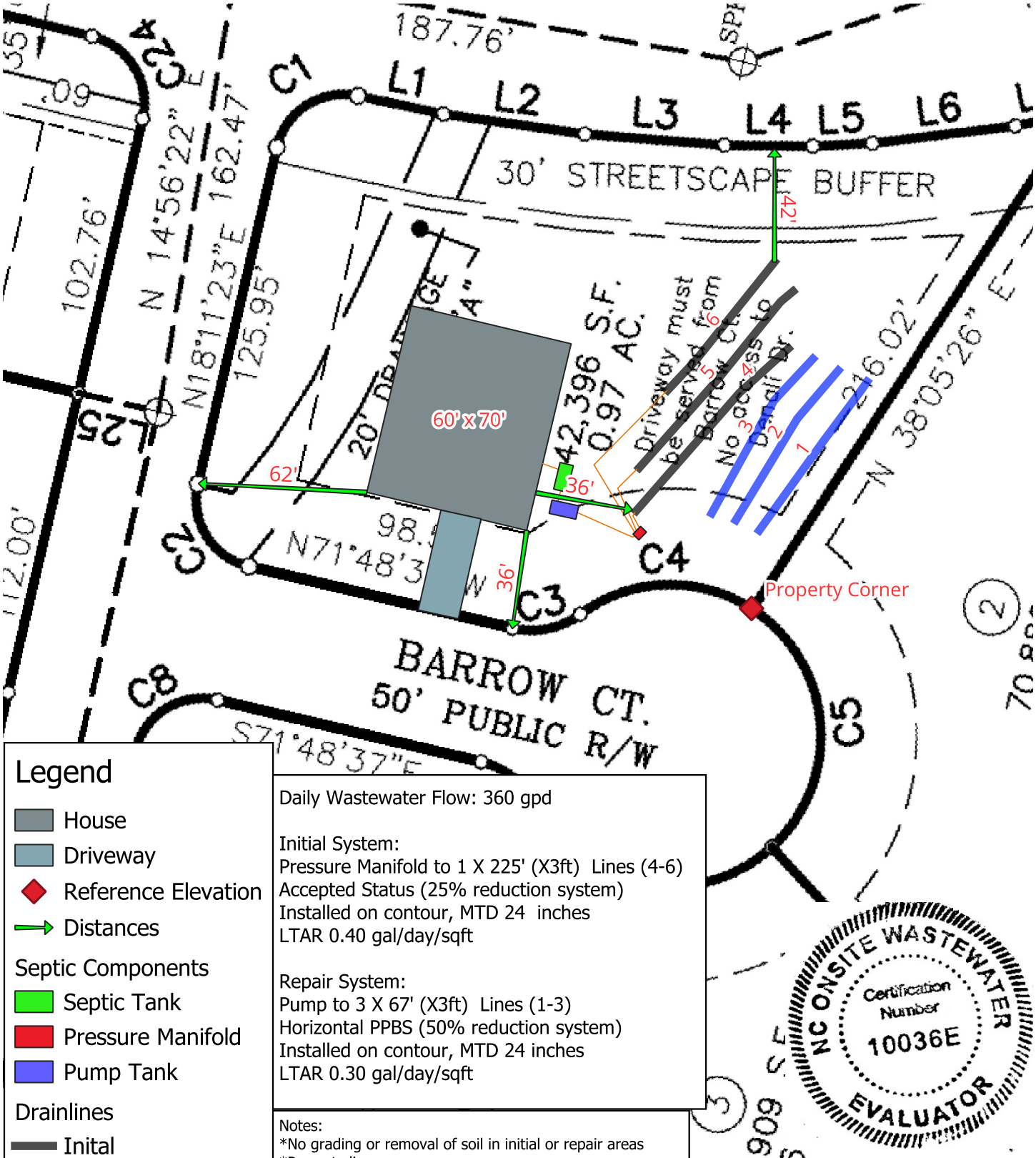
The wastewater system shall not be covered until inspected by Hal Owen & Associates and shall not be placed into use until an Authorization to Operate is issued.

SPECIFIC REQUIREMENTS

A pre-construction conference with the septic contractor is required prior to installation.
Call Hal Owen & Associates at least five days in advance to schedule 910-893-8743

The inlet and outlet of all tanks shall be equipped with an approved pipe penetration boot.

The pump tank may be eliminated if gravity distribution can be demonstrated.



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919-893-8743

Riverfall SD, Ph 1

Lot 1

17 June 2024

Figure 2

Septic Layout

For reference only. Not a survey.

AOWE EVALUATION

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INITIAL WASTEWATER SYSTEM

Pressure Manifold Design Criteria

DESIGN DAILY FLOW 360 gallons/day **SOIL LTAR:** 0.40 gpd/ft^2

TANKS (min) Septic Tank: 1000 gallons Pump Tank: 1000 gallons

SUPPLY LINE Length: 22 ft Diameter: 2 " SCH 40 PVC

Minimum flow (gpm) to maintain 2fps scour velocity: 20.9 gpm

TRENCHES Drainline Type: Accepted (25% reduction) System

Maximum Trench Depth of 24 inches, measured on low side of trench

Trench width: 3 feet Effective Trench Width: 4 ft

Absorption Area: 675 ft^2 Minimum Linear Length: 225 ft

MANIFOLD Length (ft): 3 Diameter: 4" sch 80 pvc Elevation: 99.36

Taps 3 Tap Configuration: 6in. spacing, 1 side of manifold

TAP CHART

Line	Color	Relative Elevation	Length(ft)	Tap Size/ Schedule	flow/tap gpm	gpd/ft	LTAR (gpd/ft^2)
4	R	98.36	80	3/4"sch 80	10.10	1.664	0.555
5	B	97.4	85	3/4"sch 80	10.10	1.566	0.522
6	W	97.11	60	1/2"sch 40	7.11	1.562	0.521
	Total Drainline:		225	Total Flow:	27.31		

Target LTAR:* 0.53

LTAR + 5%: 0.560

PUMP CALCULATIONS

Dose Volume: 110.19 gallons, with Pipe Volume at 75 % *65.3gal/100ft pipe

Dose Pump Run Time (min): 4.03 Daily Pump Run Time (min): 13.18

Drawdown (in.): 110 gallons ÷ 20.25 gal/ inch = 5.44 inches

Pump Tank Elevation (ft): 97.4 Pump Elevation (ft): 92.4

Friction Head: 1.38 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)

Elevation Head: 7.0

Design Head: 2.0 Total Dynamic Head (TDH): 10.34 ft

Pump to Deliver: **27.3** gpm @ **10.3** ft TDH

NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits is required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1000 STB-499 *Possible Septic Filter:*

Possible Pump Tank: Brantley 1000_PT-237 *Vol(gal):* 1000 *GPI:* 20.25

Possible Pump: *pump height (in) =* 14

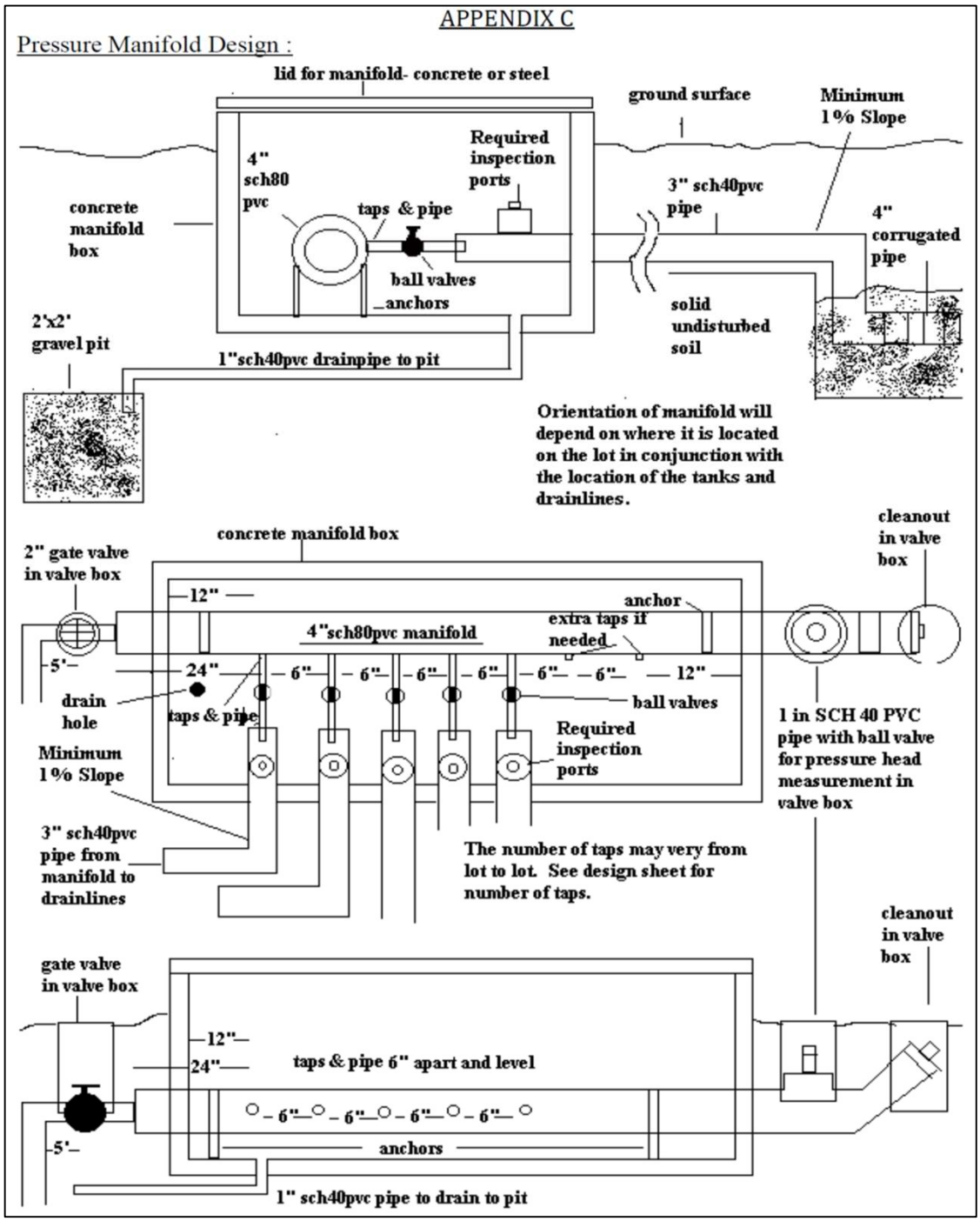
Possible Control Panel:

INITIAL WASTEWATER SYSTEM

Pressure Manifold Diagram

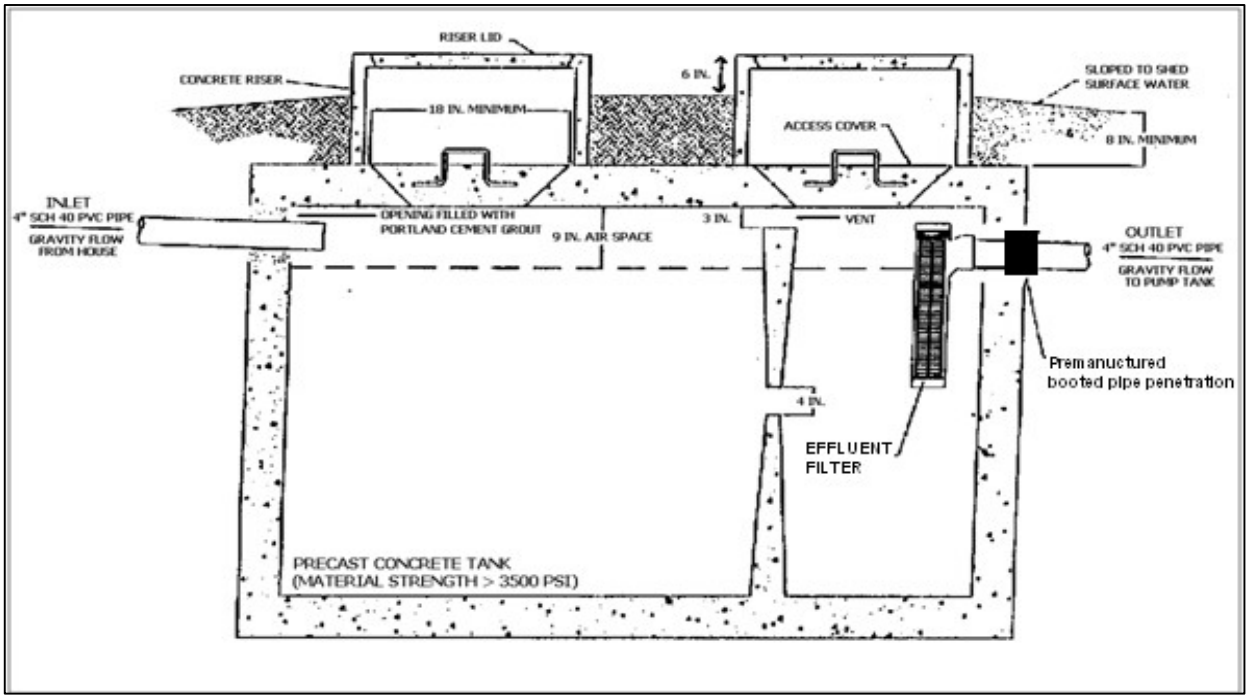
Tap #	1	2	3
	Manifold 4"SCH 80 PVC		
tap size	3/4"sch 80	3/4"sch 80	1/2"sch 40
flow (gpm)	10.10	10.10	7.11
length (ft)	80	85	60

Typical

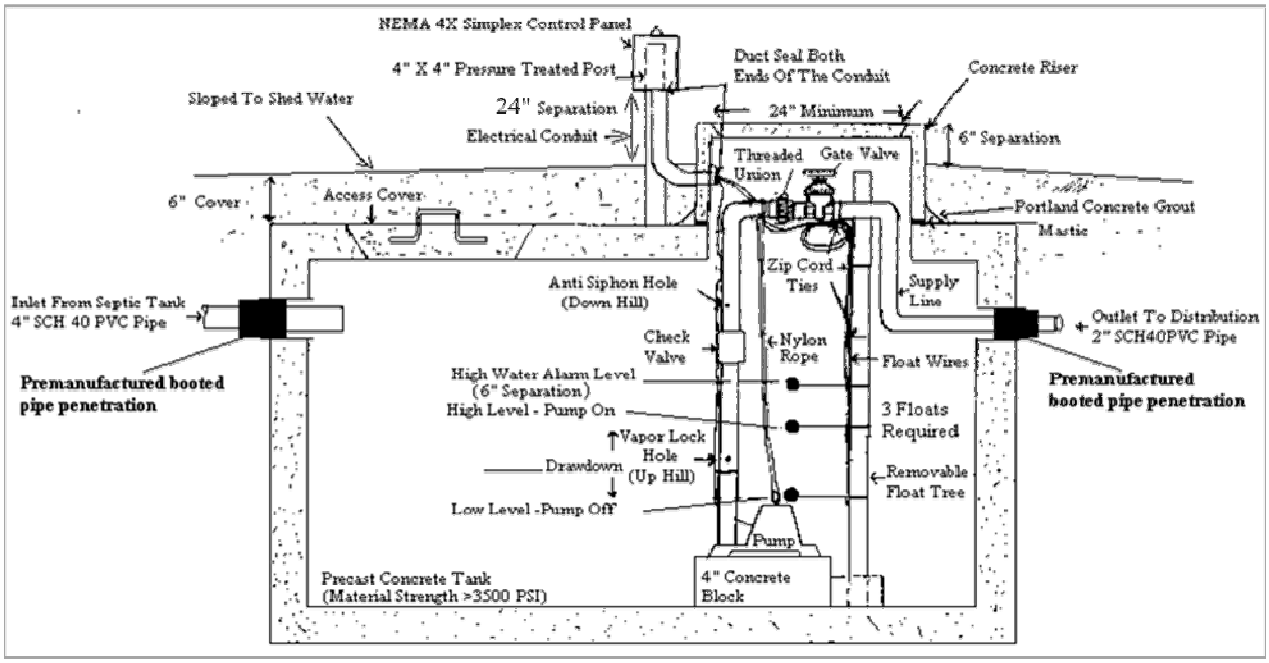


INITIAL WASTEWATER SYSTEM

Typical Septic Tank **1000 GALLON SEPTIC TANK, minimum**



Typical Pump Tank **1000 GALLON PUMP TANK, minimum**



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INITIAL WASTEWATER SYSTEM

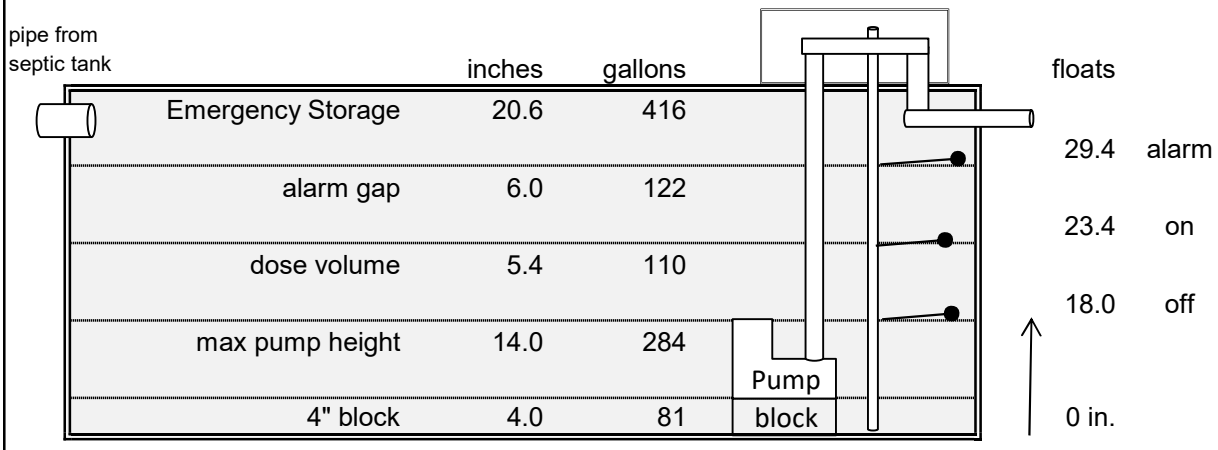
Pump Tank Calculations:

Possible pump tank: Brantley 1000_PT-237 *Possible Pump:*

tank GPI (gal/in): 20.25 calculated height: 14 in

tank volume (gal): 1000 per manufacturer

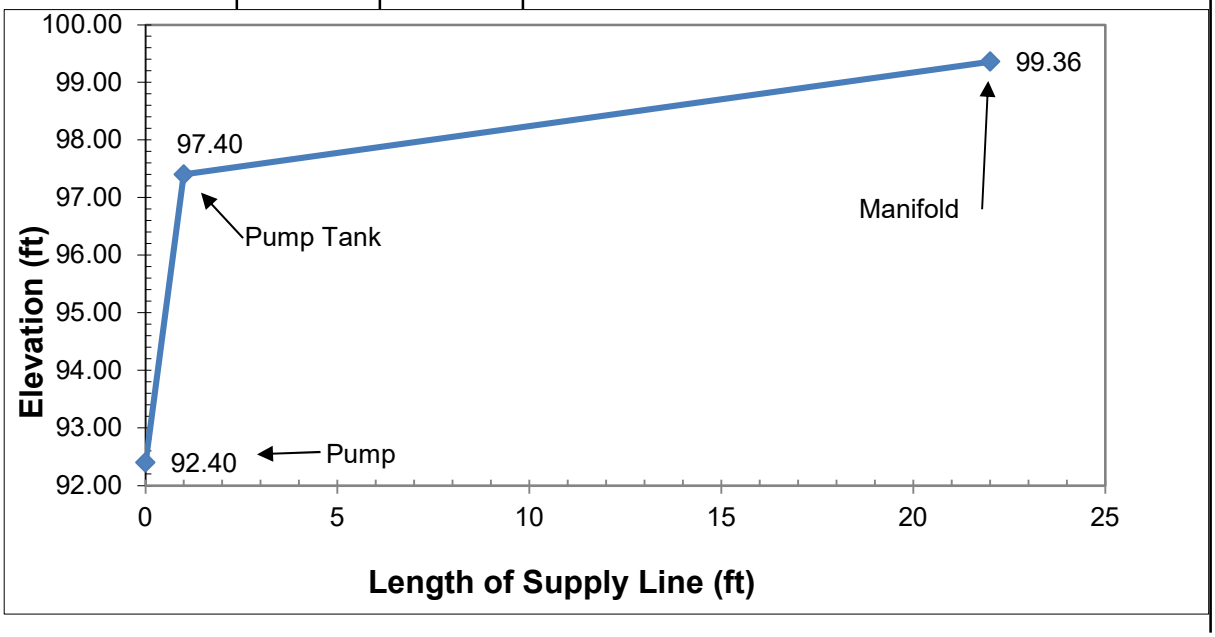
tank height (in): 50.0 *per manufacturer* minimum emergency storage: 180 gal



Drawing N.T.S.

Supply Line Profile:

	Distance	Elevation
Pump	0	92.40
pump tank	1	97.40
Pressure manifold	22	99.36



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INITIAL WASTEWATER SYSTEM

DESIGN DAILY FLOW 360 gallons/day **SOIL LTAR:** 0.30 gpd/ft²

TANKS (minimum) Septic Tank 1000 gallons Pump Tank 1000 gallons

SUPPLY LINE Length (ft): 68 Diameter: 2 " sch 40 pvc

Min total flow (gpm) to maintain 2 fps scour velocity = 20.89

TRENCHES Drainline Type: PPBPS, horizontal

Maximum Trench Depth of 24 inches, measured on low side of trench

Trench width: 3 feet Effective Trench Width: 6 ft

Absorption Area: 600 ft² Minimum Linear Length: 200 ft

÷ 4.33 ft per panel : 46 panels

PRESSURE MANIFOLD

Taps 3 Tap Configuration: 6in. spacing, 1 side of manifold

Length (ft): 3 Diameter: 4" sch 80 pvc Elevation: 100.27

TAP CHART

Tap #	Line #	Color	Elevation (ft)	Drainline Length(ft)	Number of Panels	Tap Size/ Schedule	Flow/tap (gpm)	LTAR (gpd/ft²)
1	1	B	99.27	67	16	3/4"sch 40	12.50	0.597
2	2	W	99.18	67	16	3/4"sch 40	12.50	0.597
3	3	Y	99.34	67	16	3/4"sch 40	12.50	0.597
			Totals:	201	48	Total Flow:	37.50	

Target LTAR*: 0.60

LTAR + 5%: 0.630

Pump Calculations:

Number of Panels: 48

Dose Volume: 172.8 gallons # of panels * 3.6 gallons/ panel

Dose Pump Run Time: 4.61 minutes Dose volume/total flow

Daily Pump Run Time: 9.60 minutes Daily Flow/total flow

Drawdown (in.): 173 gallons ÷ 20.25 gal/ inch = 8.53 inches

Pump Tank Elevation (ft): 97.40 Pump Elevation (ft): 92.4

Friction Head: 3.71 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)

Elevation Head: 7.87 Design Head: 2.0 Total Head: 13.58 feet

Pump to Deliver: **37.50** gpm @ **13.58** ft head

NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits is required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1000 STB-499 *Septic Filter:*

Possible Pump Tank: *Brantley 1000_PT-237* *Vol(gal):* 1000 *GPI:* 20.25

Possible Pump: *pump height (in) =* 14

Possible Control Panel:

Hal Owen & Associates Inc. PO Box 400, Lillington, NC 27546 www.halowensoil.com 919-893-8743	Riverfall SD, Ph 1 Lot 1 20 June 2024	Figure 1 Soil Map for Septic Suitability For reference only. Not a survey.

AOWE EVALUATION

HAL OWEN ASSOCIATES
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Soil/Site Evaluation Form for On-Site Wastewater System

OWNER NAME: Mattamy Homes, LLC

PROPOSED FACILITY: Residential DESIGN DAILY FLOW: 360 WATER SUPPLY Public Water

LOCATION OF SITE: Barrow Ct, Angier, NC 27501 PIN: 0682-29-4945.000

WASTEWATER TYPE: Domestic COUNTY: Harnett

EVALUATION METHOD: AUGER BORING ■ PIT ☐ CUT ☐

EVALUATED BY: Britt Wilson, LSS#1351 DATE EVALUATED: 6/10/24

	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE	675 ft^2 trench bottom	600 ft^2 trench bottom
SYSTEM TYPE	Accepted (25% reduction) System	PPBPS, horizontal
SITE LTAR	0.40 gpd/ft^2	0.30 gpd/ft^2
MAX TRENCH DEPTH	24 inches (measured on downhill side)	24 inches (measured on downhill side)

SITE CLASSIFICATION Suitable OTHER FACTORS

COMMENTS:

PROFILE 1

HORIZON DEPTH	COLOR	CONSIS TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-10	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
10-17	10YR 6/4	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	>48"
17-38	10YR 5/6	FR	SL	GR	SEXP	SOIL WETNESS COLOR	
38-48	10YR 6/8	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	1
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.6**	SLOPE CORRECTION (IN)	0.4
COMMENT							

PROFILE 2

HORIZON DEPTH	COLOR	CONSIS TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-9	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
9-21	10YR 6/4	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	>48"
21-40	10YR 6/6	FR	SCL	SBK	SEXP	SOIL WETNESS COLOR	
40-48	10YR 6/8	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	10
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.45**	SLOPE CORRECTION (IN)	3.6
COMMENT							

AOWE EVALUATION

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PROFILE 3

HORIZON DEPTH	COLOR	CONSIS TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-10	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
10-29	10YR 5/2	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	39"
29-48	10YR 6/6	FI	C	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/1
						SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	7
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.3**	SLOPE CORRECTION (IN)	2.5
COMMENT							

PROFILE 4

HORIZON DEPTH	COLOR	CONSIS TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-15	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
15-37	10YR 6/6	FR	SCL	SBK	SEXP	SOIL WETNESS DEPTH	>48"
37-48	10YR 6/8	FI	SC	SBK	SEXP	SOIL WETNESS COLOR	
						SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	3
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.4**	SLOPE CORRECTION (IN)	1.1
COMMENT							

AOWE EVALUATION

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Soil/Site Evaluation Form for On-Site Wastewater System

LEGEND OF ABBREVIATIONS

LANDSCAPE POSITION	TEXTURE GROUP	TEXTURE CLASS	LTAR (gal/day/sqft)
CC - Concave Slope	I	S - Sand	1.2-0.8
CV - Convex Slope		LS - Loamy Sand	
DS - Debris Slump			
D - Depression	II	SL - Sandy Loam	0.8 – 0.6
DW - Drainage Way		L - Loam	
FP - Flood Plain			
FS - Foot Slope	III	SCL - Sandy Clay Loam	0.6 – 0.3
H - Head Slope		CL - Clay Loam	
L - Linear Slope		SiL - Silt Loam	
N - Nose Slope		Si - Silt	
R - Ridge		SiCL - Silt Clay Loam	
S - Shoulder Slope			
T - Terrace	IV	SC - Sandy Clay	0.4 – 0.1
TS - Toe Slope		C - Clay	
		SiC - Silty Clay	
		O - Organic	none

STRUCTURE	MOIST CONSISTENCE	WET CONSISTENCE
G - Single Grain	VFR - Very Friable	NS - Non Stick
M - Massive	FR - Friable	SS - Slightly Sticky
CR - Crumb	FI - Firm	MS - Moderately Stick
GR - Granular	VFI - Very Firm	VS - Very Sticky
SBK - Subangular Blocky	EFI - Extremely Firm	
ABK - Angular Blocky		NP - Non Plastic
PL - Platy	**MINERALOGY**	SP - Slightly Plastic
PR - Prismatic	SEXP - Slightly Expansive	MP - Moderately Plastic
	EXP - Expansive	VP - Very Plastic

MOTTLES			
	f – few	1 - fine	F - Faint
	c – common	2 - medium	D - Distinct
	m – many	3 - coarse	P - Prominent

Give Horizon Depth in inches below natural soil surface and Fill Depth in inches above land surface.

Depth to Soil Wetness: inches below land surface to free water or to soil colors with chroma 2 or less.

Classification: S – Suitable U – Unsuitable

All soil characteristics were described in accordance with the USDA Field Book for Describing and Sampling Soils. The soils were evaluated under moist soil conditions. This evaluation included observations of topography and landscape position, soil morphology (texture, structure, clay mineralogy, organics), soil wetness, soil depth, and restrictive horizons.

AOWE EVALUATION

HAL OWEN ASSOCIATES
www.halowensoil.com

TERMS AND CONDITIONS

This AOWE Evaluation is intended to file a Notice of Intent to construct a wastewater system with the Local Health Department and shall expire in five years. This evaluation is not a permit to develop. The owner and subcontractors will need to abide by all state and local rules and regulations pertaining to planning, zoning, and land use development.

Notice of Intent to Construct – Prior to commencing or assisting in the construction, siting, relocation, or repair of a wastewater system, a complete Notice of Intent (NOI) to Construct a wastewater system using an AOWE must be submitted to the Local Health Department (LHD). The owner may apply for a building permit for the project upon submitting a complete NOI and the required fee.

Plan Alterations – If there are any changes in the site plan that can impact the wastewater system, such as moving the house or driveway, site alterations, or if the applicant chooses to change the design daily flow prior to wastewater system construction, a new NOI shall be submitted to the LHD. The applicant shall request in writing that the PE or AOWE invalidate the prior NOI with a signed and sealed letter sent to the applicant and LHD.

Site Alterations – The applicant shall be responsible for preventing modifications or alterations of the site for the wastewater system and the system repair area before, during, and after any construction activities for the facility, unless approved by the AOWE.

On-Site Wastewater System Contractor – The AOWE shall assist the owner in the selection of a certified on-site wastewater system contractor who shall be under contractual obligation to the owner and have sufficient errors and omissions, liability, or other insurance for the system constructed.

Inspections, Construction Observations, and Reports – The AOWE shall make periodic visits to the site to observe the progress and quality of the construction of the wastewater system.

Authorization to Operate (ATO) – Upon determining that the wastewater system has been properly installed and is capable of being operated in accordance with the conditions of the permit, the AOWE shall provide the owner with a report that includes inspection reports, a written operation and management program, any special reports, and an Authorization to Operate. The owner shall sign confirming acceptance and receipt of the report, and then provide a copy to the LHD who will issue the certificate of occupancy for the facility.

Operation and Management – The owner shall be responsible for continued adherence to the operations and management program established by the AOWE. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function satisfactorily for any given period of time.

Change in System Ownership – An authorized wastewater system shall be transferrable to a new owner with the consent of the AOWE. The new owner and the AOWE shall enter a contract for the wastewater system.

Revocation – The AOWE permit is subject to revocation if the site plan, plat, or the intended use changes. This permit is subject to compliance with the provisions of the laws and Rules for Wastewater Treatment and Dispersal Systems and to the conditions of this permit.

Repair of Malfunctioning Systems – The owner may apply for an Improvement Permit and a Construction Authorization from the LHD or obtain a NOI from an AOWE to repair a malfunctioning wastewater system.