

### 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 Relo	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:					
Name: Thomas Boyce, LSS, AOWE Certification #	10006E				
Mailing address: PO Box 865City: West EndStar	te: N Zip: 2737				
Phone: (910)295-1899 Email: info@owpnc.com					
Site Location Information: Site address: Lot 13- 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: HII(g)- Accepted  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 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 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:					
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		an 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:( ) -

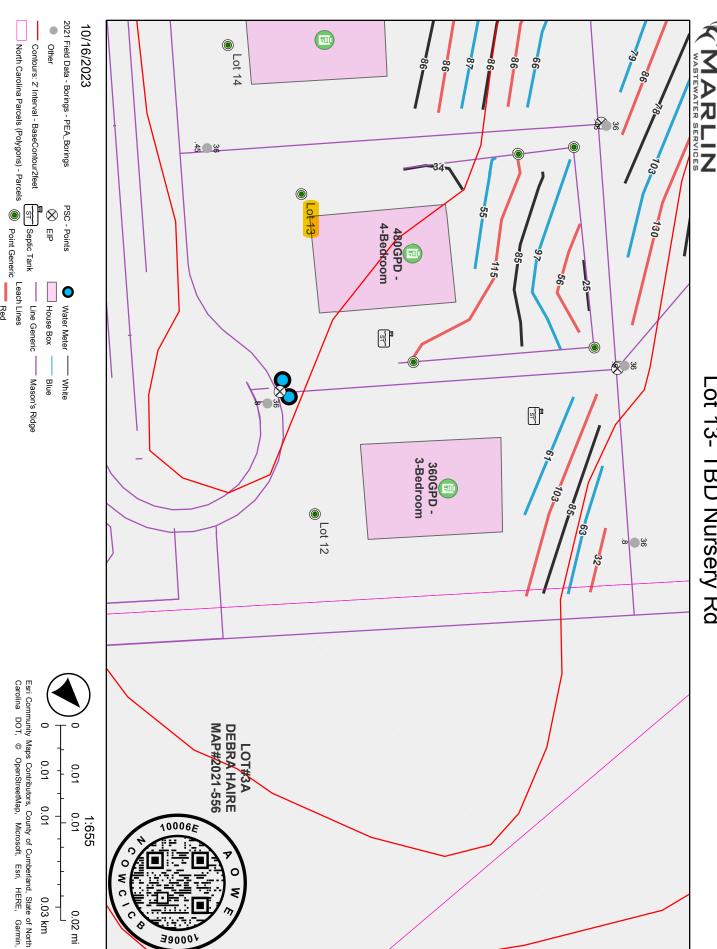
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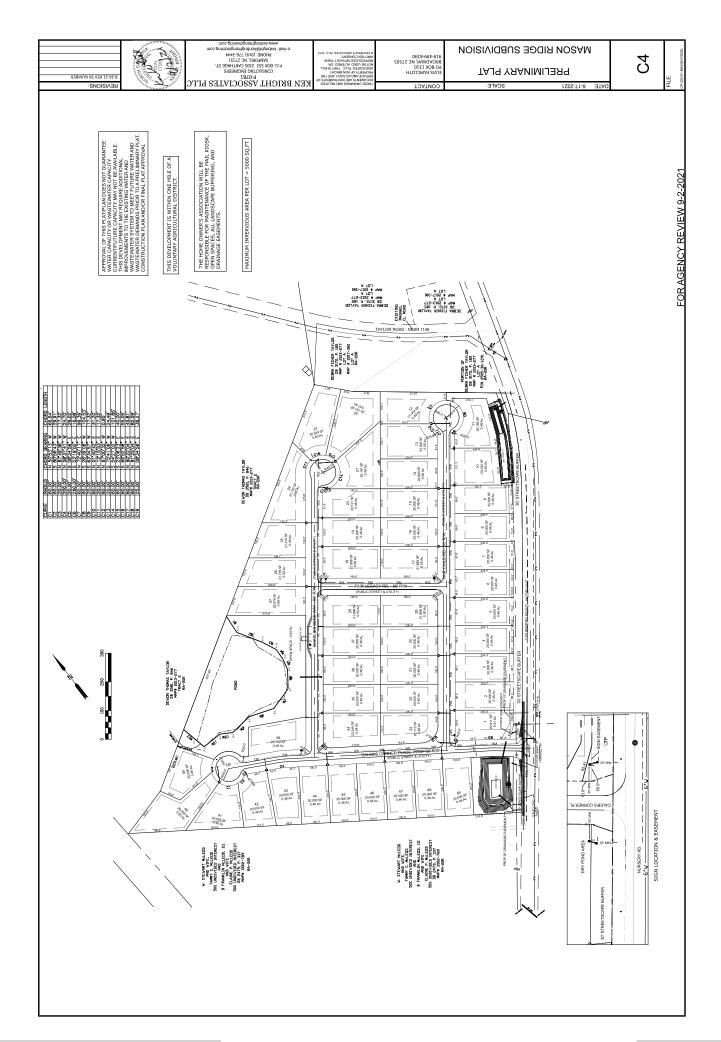
ACORD 25 (2014/01)



# Lot 13- TBD Nursery Rd

Long	-78.98777849989330
Lat	35.279287333399400
Boring_Typ	Conv
Depth_of_U	36
Slope_Corr	0
LTAR	0.8
Slope	2
Notes	0-30 LS 30-36+ SL
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	178
Max_Depth_Repair	24"
Distribution_Method	Parallel or Serial
Initial_LTAR	0.45
Repair_LTAR	0.45
GPD	480GPD - 4-Bedroom





# **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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