

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

August 28, 202⁵
Project #2076

RE: 289 Bret Road - Cameron, NC 27501- (Harnett County, NC PIN# 9567-41-0416

OWNER ACCEPTANCE OF SEPTIC SYSTEM

I certify that Patricia Stewart is accepting the subsurface wastewater (septic) system installed at 289 Bret Road. The acceptance includes the AOWE permit as issued and designed by Adams Soil Consulting, PLLC and installed by Garner's Septic Tank Service).

Owner's Representative (print): Patricia Stewart

Owner's Representative - (Signature Date): 

**Adams Soil Consulting
1676 Mitchell Road
Angier, NC 27501
919-414-6761**

August 28, 2025
Project #2076

This document is submitted in addition to the "Notice of Intent to Construct" submittal package previously supplied to the local health department in pursuant to G.S. 130A-336.1

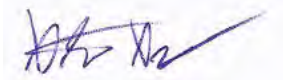
RE: 289 Bret Road - Cameron, NC 27501– (Harnett County, NC PIN# 9567-41-0416)

To whom it may concern:

This letter is to notify the Harnett County Environmental Health Department that the construction of the wastewater system has been completed. The system was installed to acceptable construction standards. The installation was constructed in conformance to the original construction documents. This document may serve as "Authorization to Operate" the installed system.

Operation and Management Program

Have the effluent filter in the septic tank cleaned periodically by a professional. Have the solids pumped out of the septic tank every 3-5 years by a professional. Maintain adequate vegetative cover over the drainfield. Keep surface waters away from the tank and drainfield. Do not pour grease or oil down the sink. Contact a professional for periodic maintenance.



Alex Adams
Adams Soils Consulting, PLLC
NC Licensed Soil Scientist #1247

Date



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: Patrica Stewart

Name: Patricia Stewart

Mailing address: 608 Brisbane Ct City: Fayetteville State: NC Zip: 28314

Phone: 910-403-1973

Email: samantha@ericksonhomesnc.com

Authorized Onsite Wastewater Evaluator Information:

Name: Alex Adams

Certification #: AOWE# 10021E

Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501

Phone: 919-414-6761

Email: alexadams@bcsoil.com

Site Location Information:

Site address: 289 Bret Rd. Cameron, NC 28326

Tax parcel identification number or subdivision lot, block number of property: PIN# 9567-41-0416

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (g)

Daily Design Flow: 360 gallons/day

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☒ Private Well ☐ Public Water Supply ☐ Spring ☐ Other:

Facility Type:

☒ 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 Siteplan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 27th Day of January 2025 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 2th day of January 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature of Owner or Legal Representative: Patrica Stewart

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: _____

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

January 24, 2025
Project #2076

“This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-336.2

RE: 289 Bret Road – Cameron, NC - 3-bedroom Single Family Residence for Patricia Stewart (Harnett County PIN#9567-41-0416)

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules 15ANCAC 18E. From this evaluation, ASC is providing the attached septic system design for a new single-family home sized for a 360 gallon/day septic system.

The suitable soils found on the subject property were somewhat variable in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

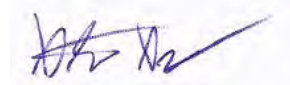
The initial and primary septic fields for the new home were sized based on a flow rate of 360 gallons/day and utilizing Accepted Status system for the initial and a PPBPS (T&J Panel Block – 50% Reduction) repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the repair (if needed) system on contour, see attached site plan for the primary system and repair. No underground utilities, water lines, or sprinkler systems shall be placed into the initial or repair septic areas. Installation must meet all state and local county regulations for septic system installation. The trenches must be installed in the same location as the site plan. If flags trench flags are missing at the time of installation, they must be remarked by Adams Soil Consulting staff. Contact Alex Adams at 919-414-6761. A preconstruction conference is required with the septic installer prior to construction activities at least 14 days in advance of construction activities.

This report does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached site plan or in this report, please feel free to contact me anytime.

Sincerely,



Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



****1000 Gallon Septic and Pump Tank**
Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.

- *Do Not Cut, Fill, or Alter Drainfield or Repair Area
- *Comply with all setbacks
- *Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

3-Be
arnet
Sk

BRET ROAD
PRIVATE GRANVILL ROAD
80 PRIVATE EMBLEMENT PER PC 1.8.204

Repair Area - ~7,500 sq. ft.

line #3 - 90°
line #2 - 90°
line #1 - 90°

Line #3 - 90'

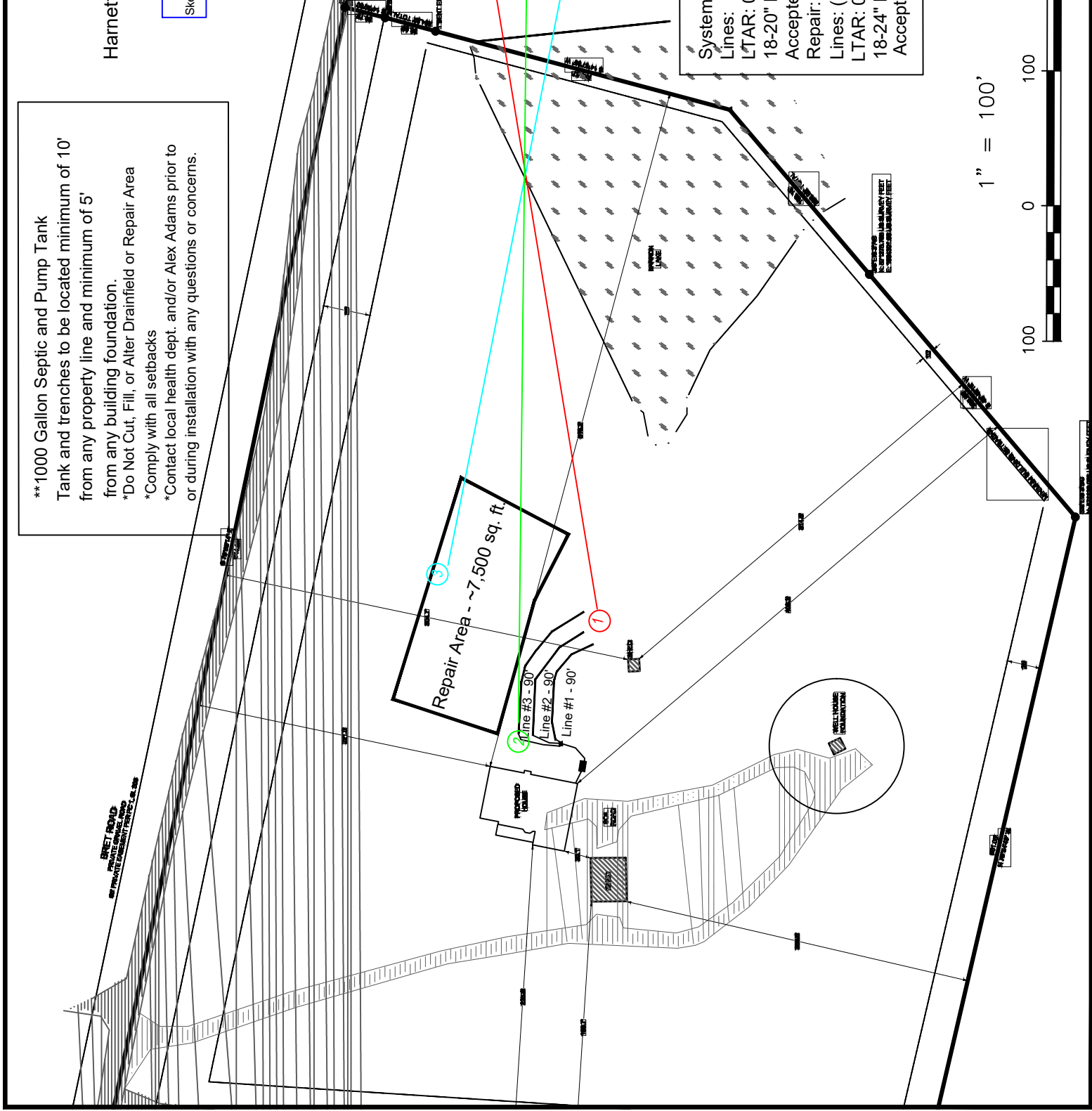
Line #2 - 90'

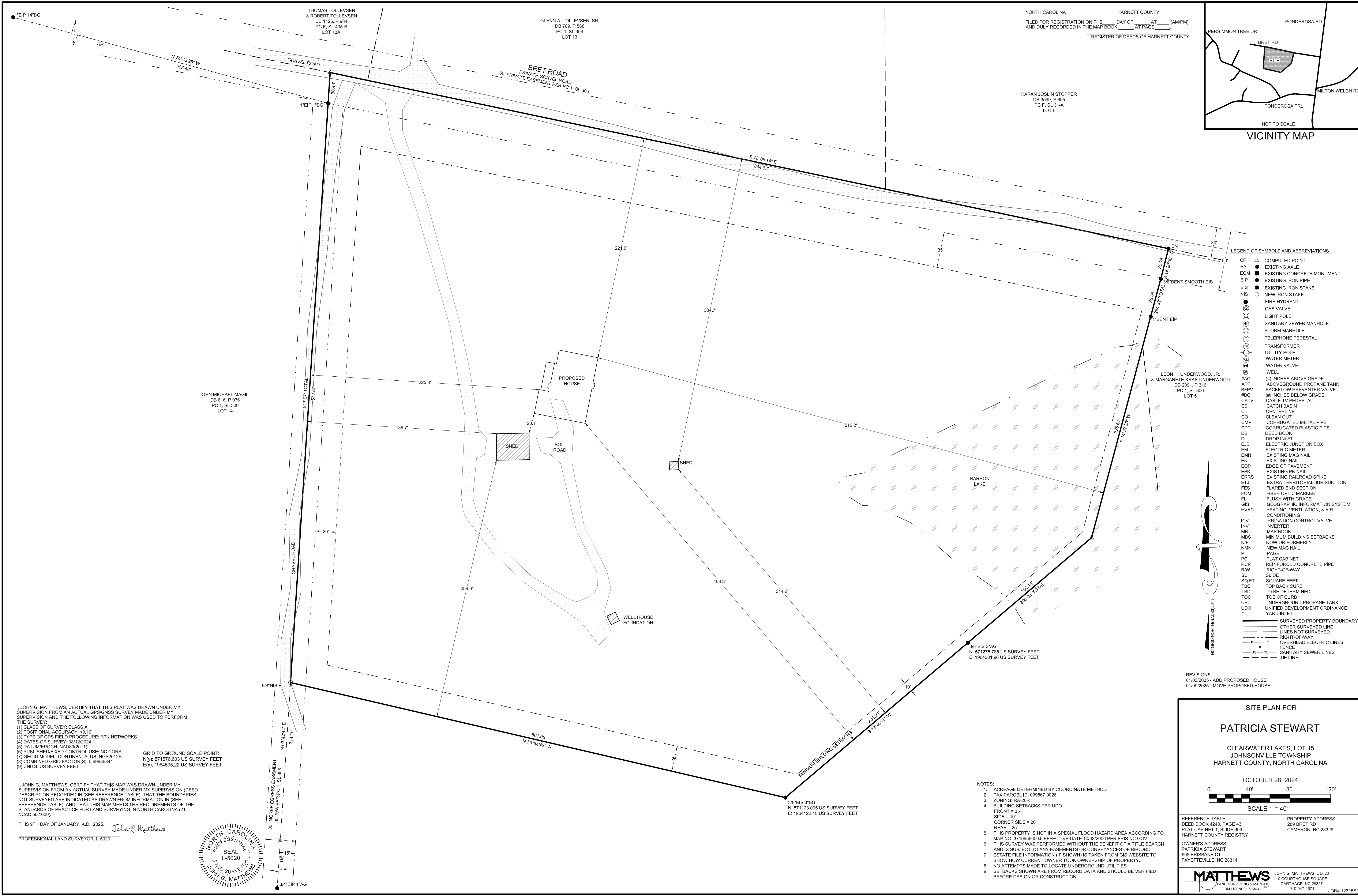
Line #1 - 90'

System:
Lines:
LTAR: (
18-20" |
Accepted:
Repair: (
Lines: (
LTAR: (
18-24" |
Accepted:

1-800-368-5848

 $1'' = 100'$ 





I, JOHN G. MATTHEWS, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL GPS/GNSS SURVEY MADE UNDER MY SUPERVISION AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE SURVEY:

(1) CLASS OF SURVEY: CLASS A
(2) POSITIONAL ACCURACY: <0.10'
(3) TYPE OF GPS FIELD PROCEDURE: RTK NETWORKS
(4) DATES OF SURVEY: 08/12/2024
(5) DATUM/EPOCH: NAD83(2011)
(6) PUBLISHED/FIXED CONTROL USE: NC CORS
(7) GEOID MODEL: CONTINENTALUS_NGS2012B
(8) COMBINED GRID FACTOR(S): 0.99986844
(9) UNITS: US SURVEY FEET

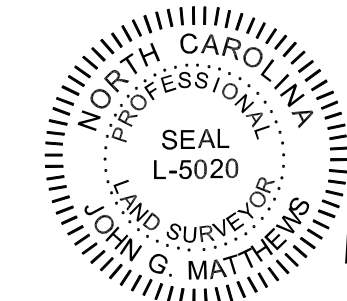
GRID TO GROUND SCALE POINT:
N(y): 571575.803 US SURVEY FEET
E(x): 1964595.22 US SURVEY FEET

I, JOHN G. MATTHEWS, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN (SEE REFERENCE TABLE) THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN (SEE REFERENCE TABLE), AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 36.1600).

THIS 9TH DAY OF JANUARY, A.D., 2025.

John G. Matthews

PROFESSIONAL LAND SURVEYOR, L-5020



- NOTES:
1. ACREAGE DETERMINED BY COORDINATE METHOD
 2. TAX PARCEL ID: 099567 0026
 3. ZONING: RA-20R
 4. BUILDING SETBACKS PER UDO:
FRONT = 35'
SIDE = 10'
CORNER SIDE = 20'
REAR = 25'
 5. THIS PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD AREA ACCORDING TO MAP NO. 371095600J, EFFECTIVE DATE 10/03/2006 PER FRIS.NC.GOV.
 6. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH AND IS SUBJECT TO ANY EASEMENTS OR CONVEYANCES OF RECORD.
 7. ESTATE FILE INFORMATION (IF SHOWN) IS TAKEN FROM GIS WEBSITE TO SHOW HOW CURRENT OWNER TOOK OWNERSHIP OF PROPERTY.
 8. NO ATTEMPTS MADE TO LOCATE UNDERGROUND UTILITIES
 9. SETBACKS SHOWN ARE FROM RECORD DATA AND SHOULD BE VERIFIED BEFORE DESIGN OR CONSTRUCTION.

REVISIONS:
01/03/2025 - ADD PROPOSED HOUSE
01/09/2025 - MOVE PROPOSED HOUSE

SITE PLAN FOR

PATRICIA STEWART

CLEARWATER LAKES, LOT 15

JOHNSONVILLE TOWNSHIP

HARNETT COUNTY, NORTH CAROLINA

OCTOBER 28, 2024

040'80'120'

SCALE 1"= 40'

REFERENCE TABLE:
DEED BOOK 4248, PAGE 43
PLAT CABINET 1, SLIDE 306
HARNETT COUNTY REGISTRY

PROPERTY ADDRESS:
289 BRET RD
CAMERON, NC 28526

OWNER'S ADDRESS:
PATRICIA STEWART
608 BRISBANE CT
FAYETTEVILLE, NC 28314

MATTHEWS

JOHN G. MATTHEWS, L-5020
10 COURTHOUSE SQUARE
CARTHAGE, NC 28327
910-447-2971

JOBS# 1231SSP

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Patricia Stewart

ADDRESS:

PROPOSED FACILITY: Single Family, 3-bedroom PROPOSED DESIGN FLOW (.1949): 360gpd

LOCATION OF SITE: 289 Bret Rd – Cameron NC

EVALUATION METHOD: Auger Boring

APPLICATION DATE:

DATE EVALUATED: 1-15-25

PROPERTY SIZE: ~10 Acres

TYPE OF WASTEWATER: Sewage

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/5%	0-18	GR/LS	VFR/SEXP/NS	N/A	33	N.O	N.O	PS/.4
		18-33	SBK/SCL	FR/SEXP/SS					
2	Linear Slope/5%	0-12	GR/LS	VFR/SEXP/NS	N/A	32	N.O	N.O	PS/.35
		12-32	SBK/SCL	FR/SEXP/NS					
3	Linear Slope/5%	0-16	GR/LS	VFR/SEXP/NS	N/A	36	N.O	N.O	U/PS/.4
		16-36	SBK/SCL	FR/SEXP/NS					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): SITE CLASSIFICATION (.1948):/PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III g	Type III g	
Site LTAR	0.35	0.35	

COMMENTS: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2024

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 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 Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com														
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Markel Insurance Company</td><td>38970</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Markel Insurance Company	38970	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Markel Insurance Company	38970														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER: 24-25****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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions			ME01118-06	1/31/2024	1/31/2025	General Aggregate \$1,000,000 Each Occurrence \$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION*****FOR INFORMATIONAL PURPOSES ONLY***XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

N Whitsett/RACHEL

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (201401)

