



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: Lamco Homes

Mailing address: 7424 Chapel Hill Rd Suite 203 City: Raleigh, State: NC Zip: 27607

Phone: 9199359282 Email: tony@lamcohomes.com

Authorized Onsite Wastewater Evaluator Information:

Name: Thomas Boyce, LSS, AOWE Certification #: 10006E

Mailing address: PO Box 865 City: West End State: NC Zip: 27376

Phone: (910)295-1899 Email: info@owpnc.com

Site Location Information:

Site address: Lot 20- 122 Gates Way, Sanford, NC 27332

Tax parcel identification number or subdivision lot, block number of property: 039588 0006 20

County: Harnett

System Information:

Wastewater System Type: III(g)- At-Grade Accepted

Daily Design Flow: 360

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 Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 17 day of April, 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 17 day of April, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce

Signature of Owner or Legal Representative: Tony Toro

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: _____

Pre-Construction Requirements

- A pre-construction conference is mandatory before starting the installation to confirm no significant site changes have affected the system area.
- The client or contractor must notify Marlin Wastewater Services (MWS) at least one week prior to the installation start date to arrange a site visit.
- Installation cannot begin until the pre-construction conference is completed.
- After the pre-construction conference, the onsite wastewater contractor must contact MWS to schedule installation inspections at least 2 days prior to the start of installation.
- Inspections will occur Monday through Friday. Installation must not begin without a confirmed inspection appointment.
- Systems must not be installed in wet conditions; doing so will result in permit revocation.
- Any modifications to the proposed plans must be approved by the AOWE.
- The installer must be licensed and insured. A certificate of insurance must be provided to MWS before the Authorization to Operate is issued.
- A copy of the entire permit, including these requirements, must be provided to the selected Onsite Wastewater Contractor (Installer).

Site Requirements

- No traffic, construction, excavation, utilities, material storage, or disturbances are allowed on the designated septic or repair area. These activities may void your permit.
- No heavy equipment or vehicular traffic is allowed over the leach field.
- This Notice of Intent (NOI) becomes invalid 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 the functionality or future performance of the wastewater system.

Installation

- Backfilling: The septic installer is responsible for backfilling the system components to prevent surface water retention or ponding. All chambers must be backfilled according to the manufacturer's guidance.
- Post-Installation: After installation, settling of the backfill material may occur. The system owner/contractor is responsible for addressing settled or sunken areas, stabilization, and final landscaping.
- Drainage Management: All downspout drainage, surface, and stormwater must be diverted away from the septic system.
- Compliance: The installer must adhere to all applicable laws, rules, permit conditions, and manufacturer's guidance/approvals during installation.

Final Inspection

- The client/owner must mark property lines and corners before installation. These must be visible for the final inspection, or additional site visits at the owner/contractor's expense will be required.
- The system installation must be inspected by the AOWE at specific stages. For systems with pumps, the septic installer must ensure proper installation of electrical components. An electrical permit is required, and a licensed electrician must provide electrical service to the pump controller and alarm, which must be on separate circuits.
- Pump systems often require an additional final inspection after electrical components are operational.
- AOWE does not inspect electrical components; this must be done by the local inspections department.

Operation and Maintenance

- ## Setbacks

- ## Tanks

- ## Acknowledgment and Agreement

Client Signature: _____ *10/24/10*

Date: 04 / 17 / 2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/09/2025

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: Camila Guerrero-Zerrate	
		PHONE (A/C, No., Ext): (910)295-1121	FAX (A/C, No.): (910)295-8980
		E-MAIL ADDRESS: Camila@rineyagency.com	
		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	07/01/2024	07/01/2025	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 <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Q61-0188942	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$ \$
B	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 N	N/A	Q91-0104617	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE 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	07/01/2024	07/01/2025	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 2NF1NC
XXXXSAMPLEXXX	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	

Fax: () -

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ACORD 25 (2014/01)

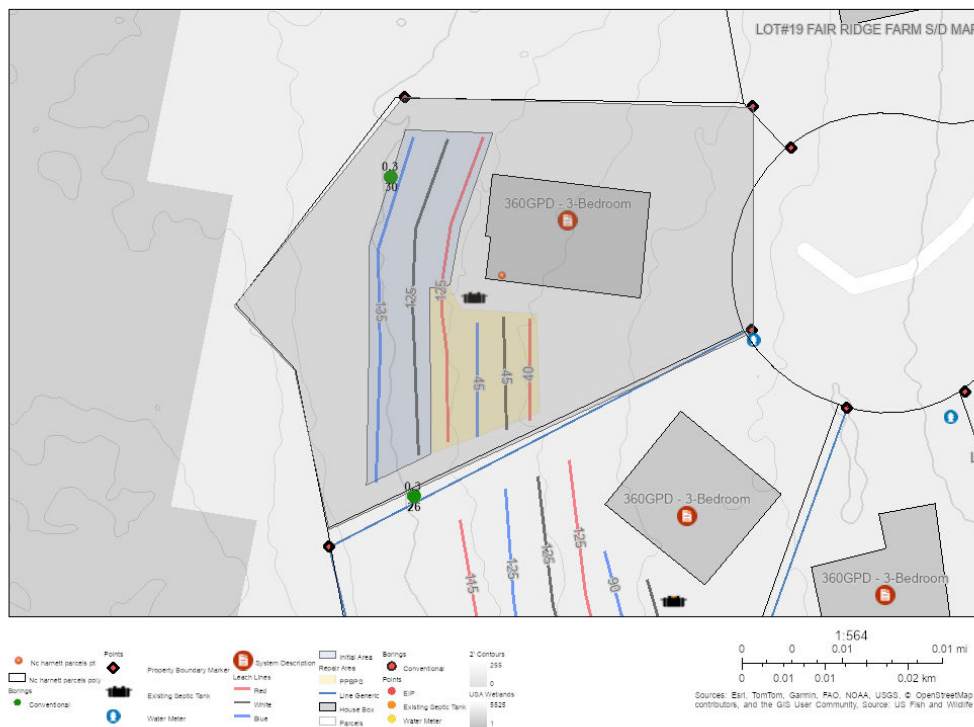
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Lot 20- 122 Gates Way Soil Evaluation Report

Area of Interest (AOI) Information

Apr 17 2025 8:48:24 Eastern Daylight Time



Summary

Name	Count	Area(ft²)	Length(ft)
Borings	1	N/A	N/A
Points	2	N/A	N/A
System Description	1	N/A	N/A

Borings

#	Boring Type	H1_Depth	H1_Mineral	H1_Moist_C	H1_Plastic	H1_Stickin	H1_Structu	H1_Texture
1	Conventional	12	Slightly Expansive	Loose	Non Plastic	Non Sticky	Gr	Sandy Loam

#	H2_Depth	H2_Mineral	H2_Moist_C	H2_Plastic	H2_Stickin	H2_Structu	H2_Texture	H3_Depth
1	30.00	Slightly Expansive	Friable	Plastic	Sticky	SBK	Sandy Clay	

#	H3_Mineral	H3_Moist_C	H3_Plastic	H3_Stickin	H3_Structu	H3_Texture	Landscape_	LTAR
1							Linear	0.30

#	Notes	Saprolite	Slope	Soil_Wetne	Usable_Dep	Count
1			5-8%	30	30	1

Points

#	Point_Desc	Point_Type	Count
1		EIP	1
2		Existing Septic Tank	1

System Description

#	GPD	Septic Tank Capacity	Pump Tank Capacity	Distribution Method	Initial System Type	Initial LTAR	Max Depth Initial	Line Length Initial
1	360GPD	1,000 Gallon		Serial	At-Grade Accepted	.3	14"	300'

#	Repair System Type	Repair LTAR	Line Length Repair	Max Depth Repair	System Description	Count
1	PPBPS (Horizontal)	.3	200'	14"	6" cover required	1

CERTIFICATE *of* SIGNATURE

REF. NUMBER
ZNPF7-9UQXQ-ZOXMH-Q6JUB

DOCUMENT COMPLETED BY ALL PARTIES ON
17 APR 2025 13:45:11 UTC

SIGNER

JEFF KERR

EMAIL
JEFF@MSEPTIC.COM

TIMESTAMP

SENT
17 APR 2025 13:16:04 UTC

VIEWED
17 APR 2025 13:16:18 UTC

SIGNED
17 APR 2025 13:16:26 UTC

SIGNATURE



IP ADDRESS
12.74.212.133

LOCATION
CHARLOTTE, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
17 APR 2025 13:16:18 UTC

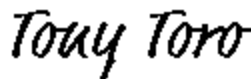
TONY TORO

EMAIL
TONY@LAMCOHOMES.COM

SENT
17 APR 2025 13:16:04 UTC

VIEWED
17 APR 2025 13:44:37 UTC

SIGNED
17 APR 2025 13:45:11 UTC



IP ADDRESS
71.68.40.124

LOCATION
CHARLOTTE, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
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