

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

March 27, 2025
Project #3103

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

RE: Cool Springs Road – Broadway, NC - 2-bedroom Single Family Residence for Patricia Stewart (Harnett County PIN#0611-57-0445)

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 240 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 240 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

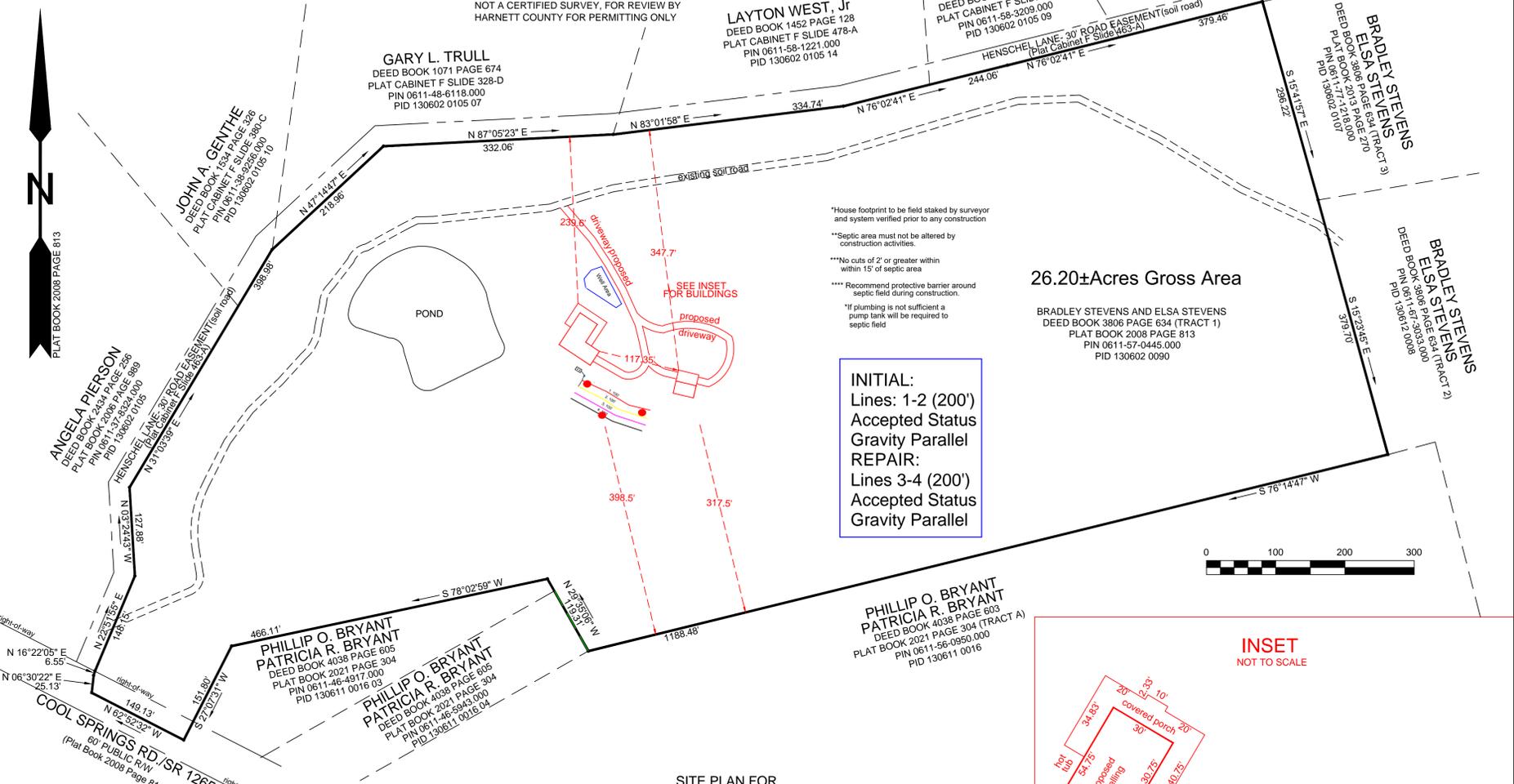
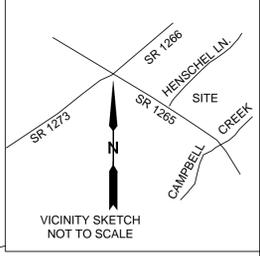


I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION, (DEED DESCRIPTION RECORDED IN DEED BOOK 3806 PAGE 634); THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS SOLID LINES FROM INFORMATION FOUND IN PLAT BOOK 2008 PAGE 813, THAT THE RATIO OF PRECISION IS 1/15000+ AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600), THIS 10th DAY OF MARCH, 2025.

STEPHEN M. CAIN
PROFESSIONAL LAND SURVEYOR L-3813



NOTES
NO TITLE SEARCH PROVIDED, SUBJECT TO ALL EASEMENTS OF RECORD AS OF/BEFORE THE DATE OF THIS MAP
ZONED RA-30
NOT SURVEYED- DRAWN FROM PLAT BOOK 2008 PAGE 813.
BY GRAPHIC PLOTTING ONLY, THE SITE SHOWN HEREON LIES WITHIN ZONE X (MINIMAL FLOOD RISK) AND IS NOT WITHIN A FEDERALLY DESIGNATED FLOOD HAZARD AREA AS PER FIRM PANEL 372006000J BEARING AN EFFECTIVE DATE OF 10/03/2006
NOT A CERTIFIED SURVEY, FOR REVIEW BY HARNETT COUNTY FOR PERMITTING ONLY

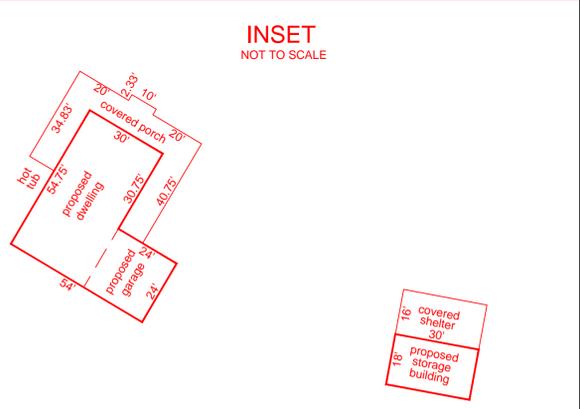


*House footprint to be field staked by surveyor and system verified prior to any construction
**Septic area must not be altered by construction activities.
***No cuts of 2' or greater within 15' of septic area
****Recommend protective barrier around septic field during construction.
*If plumbing is not sufficient a pump tank will be required to septic field

INITIAL:
Lines 1-2 (200')
Accepted Status
Gravity Parallel
REPAIR:
Lines 3-4 (200')
Accepted Status
Gravity Parallel

26.20±Acres Gross Area

BRADLEY STEVENS AND ELSA STEVENS
DEED BOOK 3806 PAGE 634 (TRACT 1)
PLAT BOOK 2008 PAGE 813
PIN 0611-57-0445.000
PID 130602 0090



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SITE PLAN FOR BRADLEY & ELSA STEVENS

UPPER LITTLE RIVER TOWNSHIP, HARNETT COUNTY, N.C.
TITLE REFERENCE: DEED BOOK 3806 PAGE 634 (TRACT 1)
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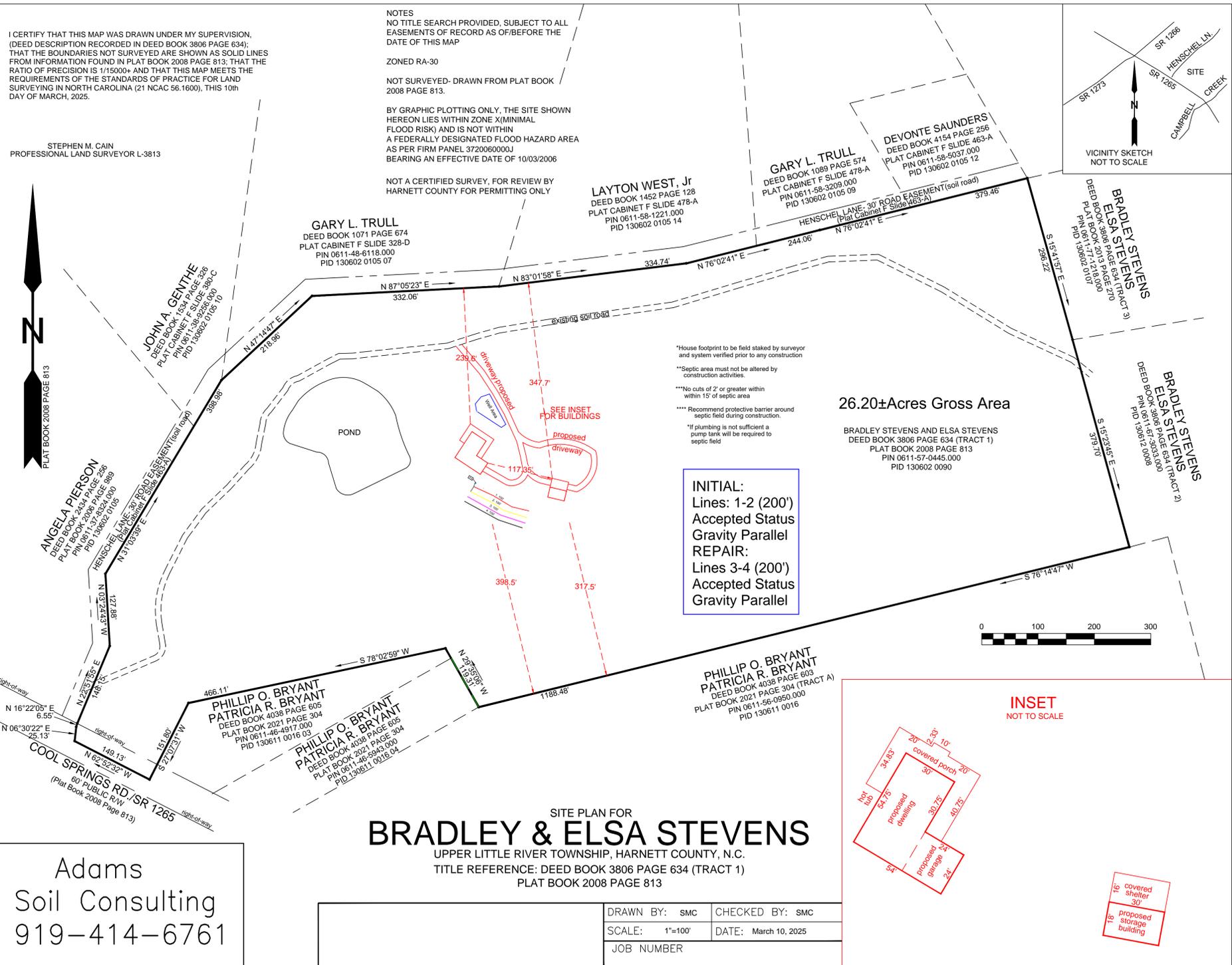
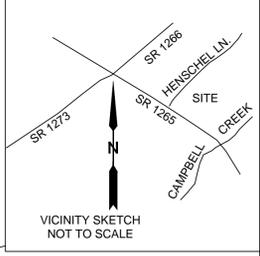
DRAWN BY: SMC	CHECKED BY: SMC
SCALE: 1"=100'	DATE: March 10, 2025
JOB NUMBER	

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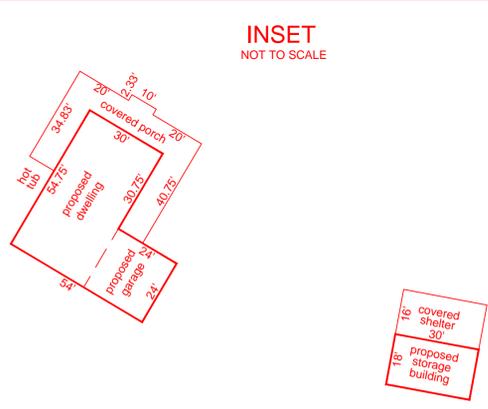
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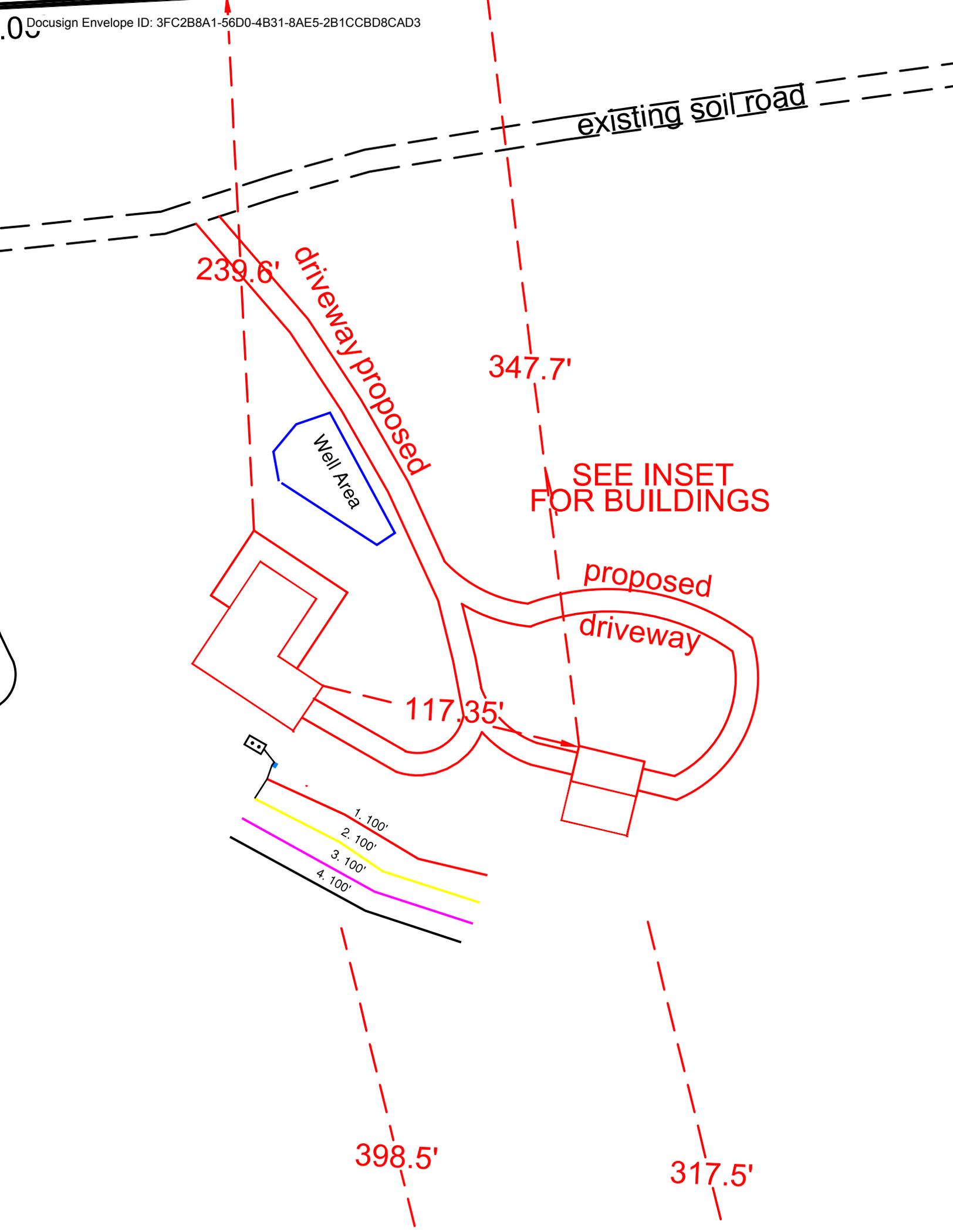


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UPPER LITTLE RIVER TOWNSHIP, HARNETT COUNTY, N.C.
TITLE REFERENCE: DEED BOOK 3806 PAGE 634 (TRACT 1)
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SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM
 (Complete all fields in full)

OWNER: Erickson Homes DATE EVALUATED: 3/17/2025
 ADDRESS: _____
 PROPOSED FACILITY: Single Family 2 BR PROPOSED DESIGN FLOW (.0400): 240 gpd PROPERTY SIZE: 26.09 acres
 LOCATION OF SITE: 10 Henschel Ln. Broadway NC 27505 PROPERTY RECORDED: Y
 WATER SUPPLY: Public Single Family Well Shared Well Spring Other _____ WATER SUPPLY SETBACK: _____
 EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Domestic High Strength IPWW

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1	Linear 15%	0-6	GR/LS	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .3	6"
		6-40	SBK/C	FI,SEXP,S						
2	Linear 15%	0-8	GR/LS	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .3	6"
		8-33	SBK/C	FI,SEXP,S						
		33-40	WKS BKCL	FR,SEXP,S						
3	Linear 15%	0-12	GR/LS	VFR,SEXP,NS	N.O	45"	30-45" SL sap	N.O	U/P.S .3	6"
		12-24	SBK/C	FI,SEXP,S						
		24-30	WKS BKCL	FR,SEXP,S						
		30-45	M Sap	fr, sexp						
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509): <u>U/P.S</u> EVALUATED BY: <u>Bobby Weaver/Alex Adams</u> OTHER(S) PRESENT: _____
System Type(s)	III G	III G	
Site LTAR	.3	.3	
Maximum Trench Depth	20"	20"	

Comments: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/22/2025

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 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Lloyd's of London</td> <td>A1122J</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: Lloyd's of London	A1122J	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER: 25-26** **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 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 DED 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	N / A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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A	Errors & Omissions			PSN0040221161	1/31/2025	1/31/2026	Each Occurrence \$1,000,000 General Aggregate \$1,000,000								

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

CERTIFICATE HOLDER <p style="text-align: center;">*FOR INFORMATIONAL PURPOSES ONLY*</p> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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 N Whitsett/RACHEL
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