



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: Onsite Homes

Mailing address: 2931 Breezewood Ave Suite 202 City: Fayetteville State: NC Zip: 28303

Phone: 910 745 0001 Email: LeannaHair@Onsitehomesnc.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: TBD Graham Mills Ln. Cameron, NC, 28326

Tax parcel identification number or subdivision lot, block number of property: 9575-01-0287

County: Harnett

System Information:

Wastewater System Type: III(g)- Accepted

Daily Design Flow: 480

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

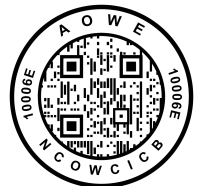
Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: \_\_\_\_\_

Facility Type:

☒ 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:

☒ Plat or Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 8 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 8 day of April, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce

Signature of Owner or Legal Representative: Leanna Hair

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: \_\_\_\_\_

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### 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).

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### 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.

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### 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.

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### 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.





# 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	Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst NC 28374-7930	CONTACT NAME: Kelli R. Starr	
		PHONE (A/C, No., Ext): (910)295-1121	FAX (A/C, No.): (910)295-8980
		E-MAIL: kelli@rineyagency.com	
		ADDRESS:	
		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	07/01/2023	07/01/2024	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	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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	X	Q91-0104617	07/01/2023	07/01/2024	<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	07/01/2023	07/01/2024	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 001118

XXXXXXXXXXXX  
Sample Certificate  
XXXXXXXXXXXX

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

Kelli R. Starr

Fax: ( ) -

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ACORD 25 (2014/01)

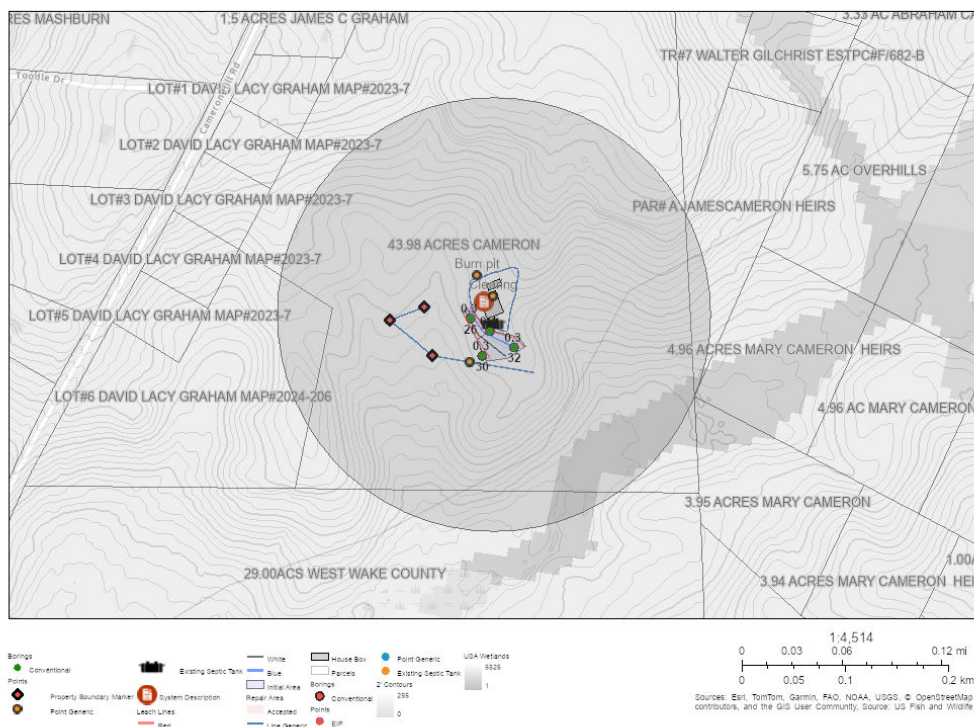
The ACORD name and logo are registered marks of ACORD



## Parcel: 9575-01-0287 TBD Graham Mills Ln. Soil Evaluation Report

### Area of Interest (AOI) Information

Apr 8 2025 9:35:13 Eastern Daylight Time



## Summary

Name	Count	Area(ft²)	Length(ft)
Borings	4	N/A	N/A
Points	7	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	16	Slightly Expansive	Loose	Non Plastic	Non Sticky	Gr	Sandy Loam
2	Conventional	18	Non Expansive	Loose	Non Plastic	Non Sticky	Gr	Loamy Sand
3	Conventional	30	Non Expansive	Loose	Non Plastic	Non Sticky	Gr	Loamy Sand
4	Conventional	12	Non Expansive	Loose	Non Plastic	Non Sticky	Gr	Loamy Sand

#	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	
2	26.00	Slightly Expansive	Friable	Plastic	Sticky	SBK	SC Loam	
3	36.00	Slightly Expansive	Friable	Plastic	Sticky	SBK	SC Loam	
4	32.00	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
2							Linear	0.30
3							Linear	0.40
4							Linear	0.30

#	Notes	Saprolite	Slope	Soil_Wetne	Usable_Dep	Count
1			5-8%	30	30	1
2			5-8%	26	26	1
3			5-8%		36	1
4			5-8%	32	32	1

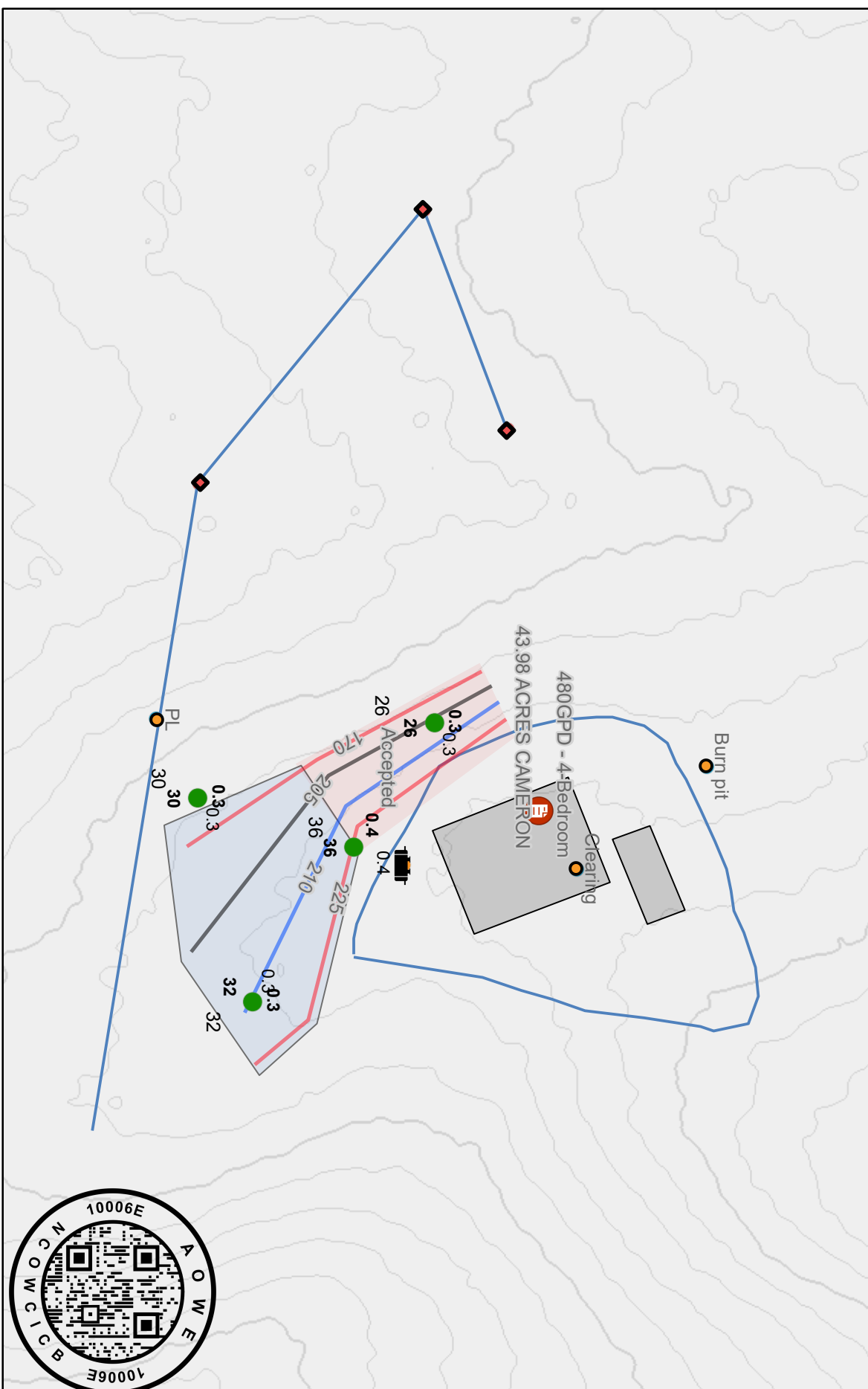
## Points

#	Point_Desc	Point_Type	Count
1		EIP	3
2		Existing Septic Tank	1
3	PL	Point Generic	1
4	Clearing	Point Generic	1
5	Burn pit	Point Generic	1

## System Description

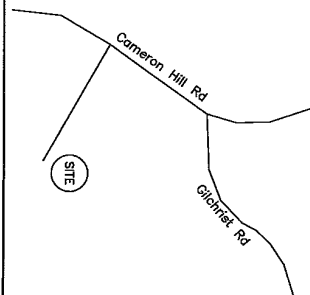
#	GPD	Septic Tank Capacity	Pump Tank Capacity	Distribution Method	Initial System Type	Initial LTAR	Max Depth Initial	Line Length Initial
1	480GPD	1,000 Gallon		Parallel or Serial	Accepted	.3	18"	400'

#	Repair System Type	Repair LTAR	Line Length Repair	Max Depth Repair	System Description	Count
1	At-Grade Accepted	.3	400'	14"	6" cover required for repair	1





## VICINITY MAP



IMPERVIOUS CALCULATIONS:

Total Lot area: 443,985 sq'  
Total Impervious area: 5,178 sq'  
% of total area= 1.1662%

Lot Information:

Address: TBD  
PIN# 9575-01-0287 (portion of)

# ON SITE HOMES

## JOHNSONVILLE TOWNSHIP

HARNETT COUNTY  
DATE 01/27/2025  
SURVEYED BY :  
DRAWING NO. 2025011A

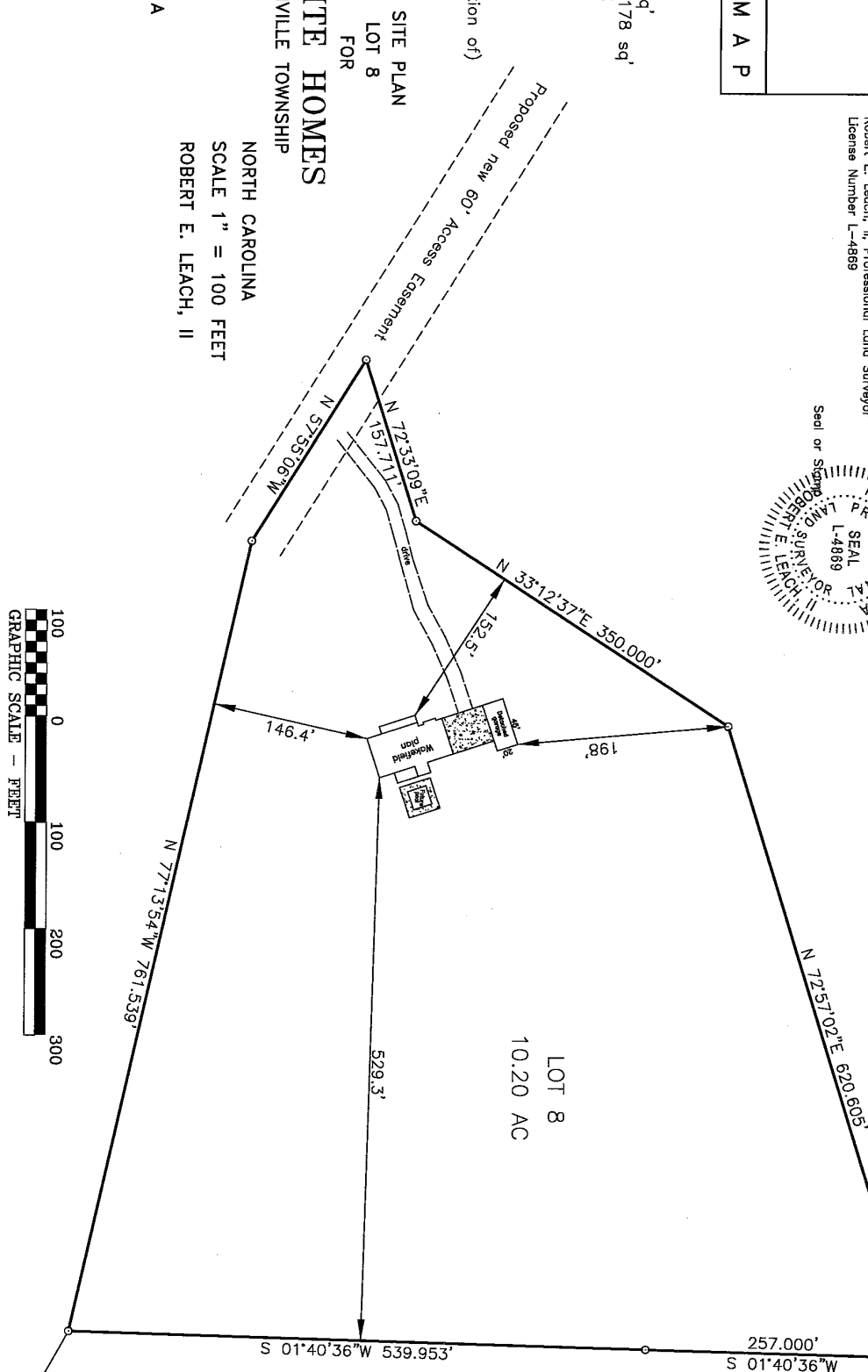
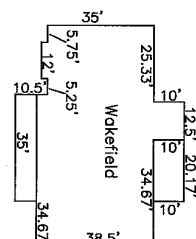
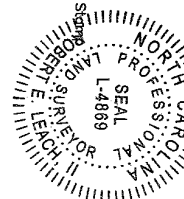
NORTH CAROLINA  
SCALE 1" = 100 FEET  
ROBERT E. LEACH, II

I, Robert E. Leach, II, certify that this plot was drawn under my supervision from an actual survey mode under my supervision, that the ratio of precision as calculated by latitude and departures is 1/10,000, that the boundaries not surveyed are shown as broken lines plotted from information found in Map Book \_\_\_\_\_, Page \_\_\_\_\_.

I further certify that this survey is of an existing parcel or parcels of land. Witness my original signature, license number and seal, this the 27th day of January, 2025.

**Robert E. Leach, II, Professional Land Surveyor**  
**License Number L-4869**

Seal



MAP BOOK B PAGE 981

# CERTIFICATE *of* SIGNATURE

REF. NUMBER  
6N494-WYMCQ-SYUAQ-NR6NV

DOCUMENT COMPLETED BY ALL PARTIES ON  
08 APR 2025 13:59:54 UTC

## SIGNER

**JEFF KERR**

EMAIL  
JEFF@MSEPTIC.COM

## TIMESTAMP

SENT  
08 APR 2025 13:52:22 UTC

VIEWED  
08 APR 2025 13:55:17 UTC

SIGNED  
08 APR 2025 13:55:23 UTC

## SIGNATURE



IP ADDRESS  
50.219.237.2

LOCATION  
RICHMOND, UNITED STATES

## RECIPIENT VERIFICATION

EMAIL VERIFIED  
08 APR 2025 13:55:17 UTC

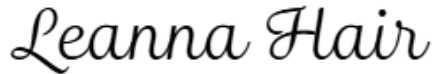
**LEANNA HAIR**

EMAIL  
LEANNAHAIR@ONSITEHOMESNC.COM

SENT  
08 APR 2025 13:52:22 UTC

VIEWED  
08 APR 2025 13:57:22 UTC

SIGNED  
08 APR 2025 13:59:54 UTC



IP ADDRESS  
70.63.136.66

LOCATION  
FAYETTEVILLE, UNITED STATES

## RECIPIENT VERIFICATION

EMAIL VERIFIED  
08 APR 2025 13:57:22 UTC

