



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: Cates Building

Mailing address: 639 Executive Place Ste. 400 City: Fayetteville State: NC Zip: 28305

Phone: 910-709-9801 Email: pam@cavinessandcates.com

Authorized Onsite Wastewater Evaluator Information:

Name: Mike Eaker Certification #: 10013E

Mailing address: PO Box 9321 City: Fayetteville State: NC Zip: 28311

Phone: 910-822-4540 Email: Mike@southeasternsoil.com



Site Location Information:

Site address: 451 Black Duck Lane, Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property: Ducks Landing Lot 102

0527-51-1447.000 County: Harnett

System Information:

Wastewater System Type: Accepted (25% Reduction)

Daily Design Flow: 480 gpd

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 May, 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 May, 2030.

Signature of Authorized Onsite Wastewater Evaluator: [Signature]

Signature of Owner or Legal Representative: Pamela M. Geddis

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: _____

Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321
Fayetteville, NC 28311
Phone/Fax (910) 822-4540
Email mike@southeasternsoil.com

May 9, 2025

Ms. Pamela Geddie
Cates Building
639 Executive Place, Suite 400
Fayetteville, NC 28305

Re: Soil/site evaluation for subsurface waste disposal (GS 130A-336.2) AOWE, Ducks Landing, Lot 102, PIN 0527-51-1447.000, 451 Black Duck Lane, Lillington, Harnett County, North Carolina

Dear Ms. Geddie,

A soil/site evaluation has been conducted on the aforementioned property at your request. The purpose of the investigation was to determine if soils were suitable or provisionally suitable for a subsurface waste disposal system (conventional, accepted and innovative) to serve a proposed single-family residence (4-bedroom home). All ratings and determinations were made in accordance with "Onsite Wastewater Rules, 15A NCAC 18E". **This LSS evaluation is being submitted to meet the requirements of GS 130A-336.2 (AOWE).**

The soil evaluation was completed on February 27, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a linear slope landscape (7-10% slope). Soil borings conducted in most of this area consisted of 2 or more inches of loamy sand underlain by sandy loam and/or sandy clay loam to 48 or more inches below the soil surface. Soil wetness and/or parent material (greater than 50%) was not observed shallower than 40 inches below the soil surface (initial system) and 34 inches (repair system). All other soil characteristics were suitable to at least 48 inches.

Based on soil borings and site conditions, the site would be designated suitable for a shallow accepted subsurface waste disposal drainfield (0.40 gal/day/ft² LTAR; initial system). There is enough suitable soil area to allow for a shallow accepted subsurface septic system repair (0.40 gal/day/ft²). A map showing the approximate location of the site and proposed septic layout accompanies this report. **[Note: No grading, rutting or other soil disturbance can occur in or near the proposed septic area. Any grading can alter the findings of this report and render the site unusable. As such, we recommend the builder protect the proposed septic areas with rope, flagging, fencing, etc.]**

Design Summary

- Accepted product (300', see septic layout)
- 480 gal/day flow rate (4BR)
- 24" maximum trench depth (upslope side)
- 0.40 gpd/ft² LTAR (initial and repair)
- 1000-gallon septic tank (**certified watertight**)
- No grading, rutting or filling in septic areas
- No vertical cuts (greater than 2') within 15' of septic lines/areas
- Keep tanks and drainlines 10' from property lines
- Keep supply line 5 or more feet from property lines
- **Install in dry soil conditions**
- Maintain natural contours when clearing the lots
- Direct gutter water away from septic system
- **AOWE must preapprove Licensed installer**
- **Preconstruction conference required 2 weeks prior to installation of septic**
- **Contractor to provide 2 week's notice prior to installation**

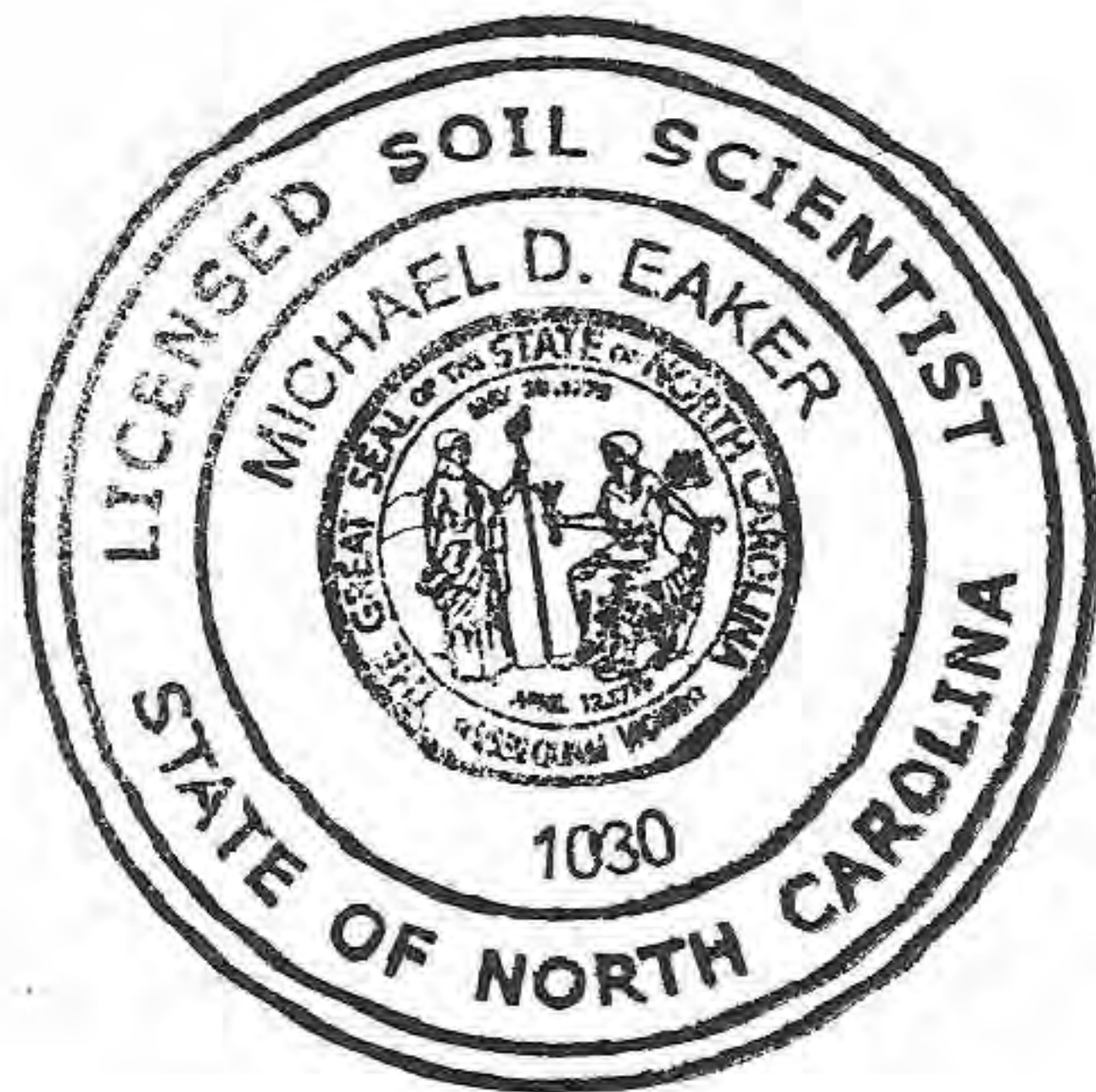
During site construction, it is important not to impact and suitable or provisionally suitable soil areas with activities such as excavation or filling. Only the vegetation should be removed in the areas of the proposed septic drainfields to prevent any disturbance of naturally occurring soil. We recommend all lot clearing activity be delayed until the local health department issues a permit.

To the extent possible, we have identified the soil types that will impact the flow of wastewater on this site and have provided a professional opinion as to the best septic system layout. This report does not guarantee that the proposed septic system will properly function for any specific length of time.

Sincerely,



Mike Eaker
NC Licensed Soil Scientist # 1030
NC Authorized Wastewater Evaluator 10013E



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Ducks Landing

LOT 102

INITIAL SYSTEM: Accepted 25% Reduction

REPAIR: Accepted 25% Reduction

DISTRIBUTION: Gravity Serial

DISTRIBUTION Gravity Serial

BENCHMARK: 100.0

LOCATION FC 101/102

NO. BEDROOMS: 4

LTAR 0.40 gpd/ft2

SEPTIC TANK SIZE 1000 Gallons

PUMP TANK SIZE 1000 Gallons

	<u>LINE</u>	<u>FLAG COLOR</u>	<u>ELEVATION</u>	<u>LENGTH</u>
Initial	1	B	102.00	75
	2	L	101.80	75
	3	B	101.80	75
	4	L	101.60	75
				300 TOTAL
Repair	5	B	101.50	75
	6	L	101.40	75
	7	B	101.40	75
	8	L	101.10	75
				300 TOTAL

BY Mike Eaker

DATE 2/27/25

TYPICAL PROFILE

Initial	0-12	LS/SL	VFr/Fr/Gr
	12-48	SCL	Fi/SBk
	CR2	40"	

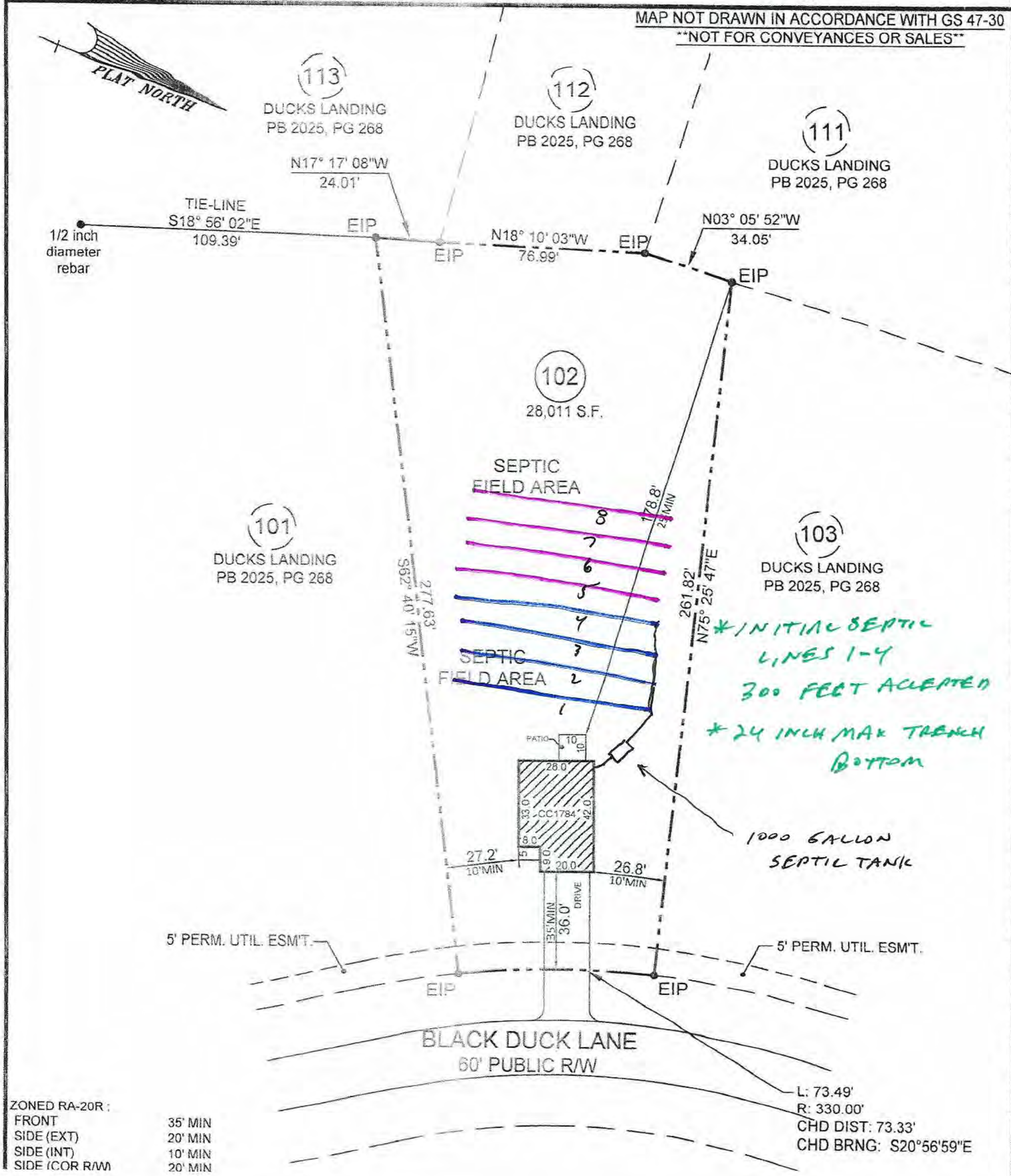
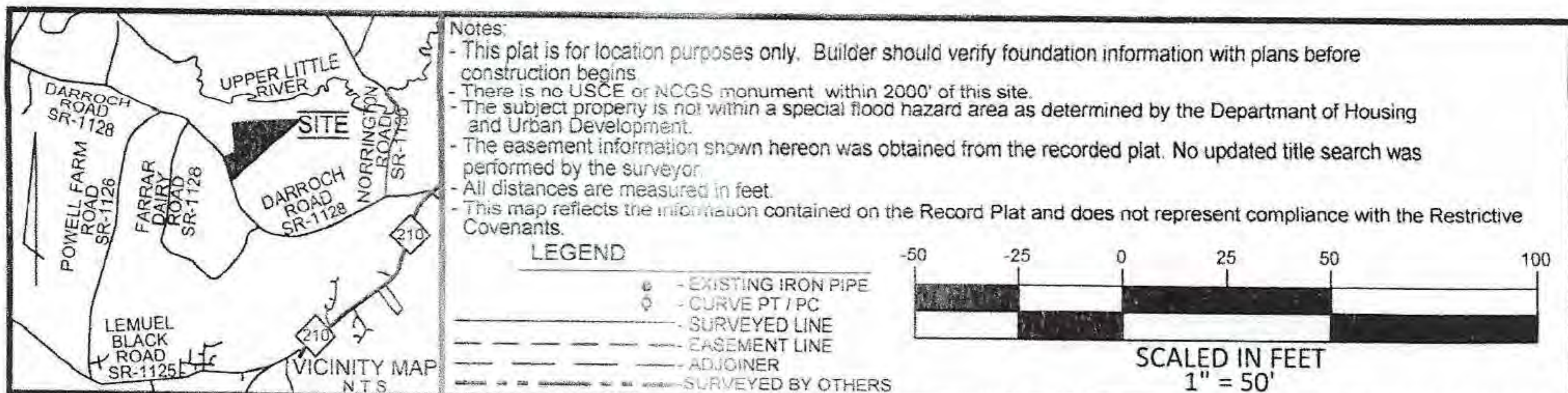
**THERE SHALL BE NO GRADING,
CUTTING, LOGGING OR OTHER SOIL
DISTURBANCE IN SEPTIC AREA**

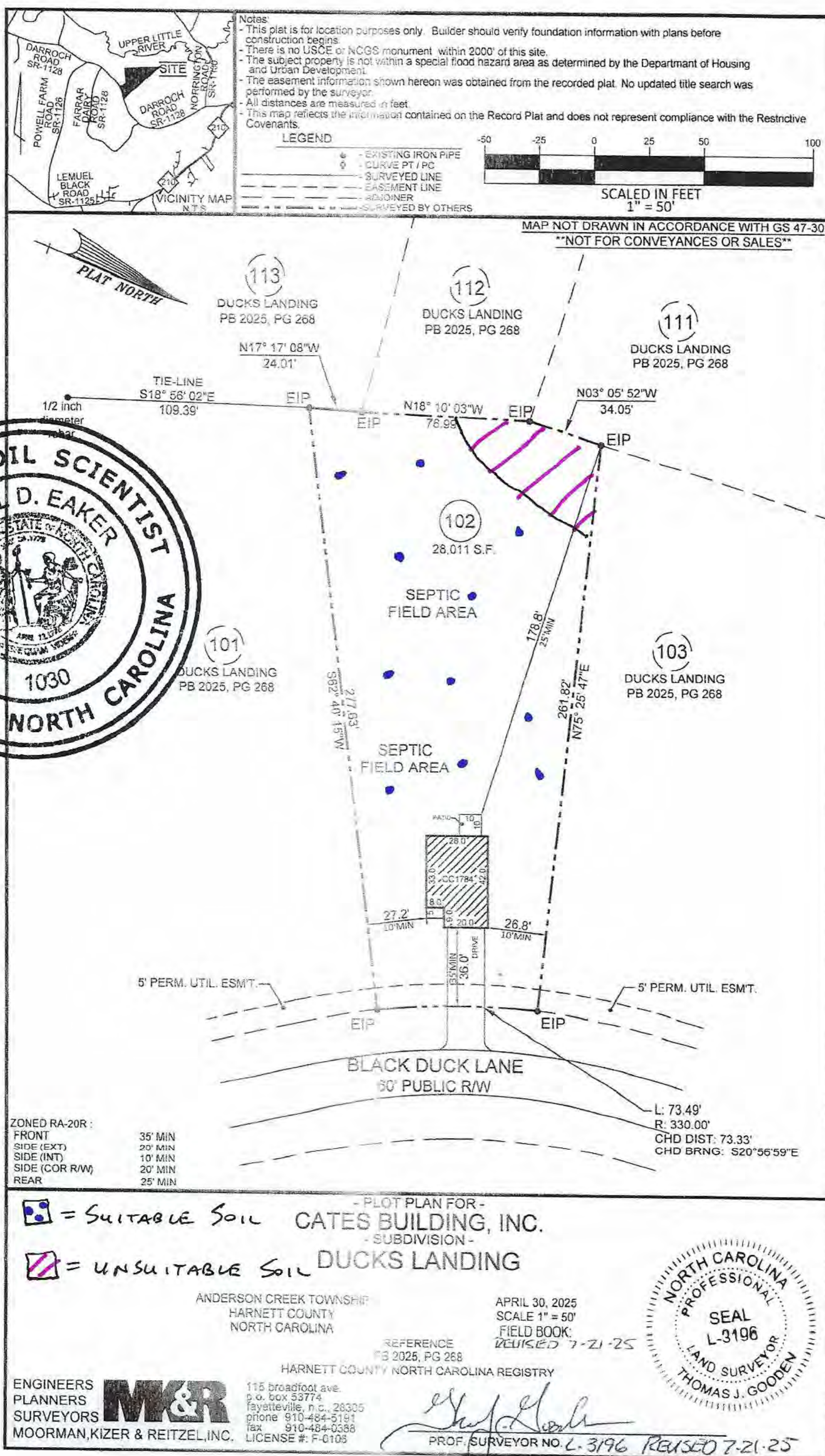
HEALTH DEPARTMENT USE ONLY.

DESIGNS DO NOT GURANTEE FUNCTIONALITY

Repair	0-6	LS	VFr/Fr/Gr
	6-48	SCL	Fi/SBk
	CR2	34"	







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

OWNER: Cates Building
ADDRESS: 639 Executive Place, Suite 400, Fayetteville, NC 28305
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 480 GPD (4BR)
LOCATION OF SITE: Black Duck Lane, Lillington, NC (Lot 102) Ducks Landing
WATER SUPPLY: ☐ Private ☒ Public Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 02/27/25
PROPERTY SIZE: 0.643 Ac
PROPERTY RECORDED

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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 SAPR O CLASS	.1944 RESTR HORIZ	
1	LS 1-2%	0-2	LS/Gr	VFr/Nexp	41"	NA	NA	NA	Suitable 0.40
		2-23	SCL/mm sbk	Fi/SExp	7.5YR 6/4				
		23-41	SL/wf sbk	Fr/SExp	7.5YR 5/8				
		41-48	SCL/mm sbk	Fi, SExp	7.5YR 5/8				
					10YR 7/1 mot				
2	LS 1-2%	0-6	LS/Gr	VFr/Nexp	42"	NA	NA	NA	Suitable 0.40
		6-23	LS/Gr	VFr/Nexp	10YR 7/3				
		23-31	SL/wf sbk	Fr/SExp	10YR 6/8				
		31-42	SCL/mm sbk	Fi/SExp	7.5YR 6/4				
		42-48	SCL/wf sbk	Fi/SExp	7.5YR 6/4 10YR 7/1 mot				
3	LS 1-2%	0-5	LS/Gr	VFr/Nexp	42"	NA	NA	NA	Suitable 0.40
		5-23	LS/Gr	VFr/NExp	10YR 6/6				
		23-42	SCL/wf sbk	Fr/SExp	7.5YR 6/4				
		42-48	SCL/wfsbk	Fi, SExp	10YR 6/4				
					10YR 7/1 mot				
4	LS 1-2%	0-6	LS/Gr	Fr/Nexp	43"	NA	NA	NA	Suitable 0.40
		6-21	LS/Gr	Fr/Sexp	10YR 6/4				
		21-31	SL/wf sbk	Fr/SExp	10YR 6/6				
		31-43	SCL/mm sbk	Fi/SExp	7.5YR 6/4				
		43-38	SCL/wf sbk	Fi/SExp	7.5YR 6/4 10YR 7/1 mot				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): SITE CLASSIFICATION (.1948): Suitable EVALUATED BY: M. Eaker OTHER(S) PRESENT: D. Eaker
Available Space (.1945)	Yes	Yes	
System Type(s)	Accepted	Accepted	
Site LTAR	0.40	0.40	

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

DATE OF EVALUATION: 02/27/25

COUNTY: Harnett

COMMENTS: _____



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**DESIGN PROFESSIONALS LIABILITY COVERAGE
DECLARATIONS**

POLICY NO. 108040737

Travelers Casualty and Surety Company of America
Hartford, Connecticut
(A Stock Insurance Company, herein called the Company)

Important note: This is a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

This policy is composed of the Declarations, the Professional Liability Coverage, the Professional Liability Terms and Conditions, and any endorsements attached thereto.

ITEM 1	NAMED INSURED: SOUTHEASTERN SOIL AND ENVIRONMENTAL ASSOCIATES DBA: Principal Address: PO BOX 9321 FAYETTEVILLE, NC 28311-9084
ITEM 2	POLICY PERIOD: Inception Date: May 1, 2025 Expiration Date: May 1, 2026 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	ALL NOTICES PURSUANT TO THE POLICY MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW: Email: BSIclaims@travelers.com Fax: 1-888-460-6622 Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989 Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, MN06 Hartford, CT 06183 For questions related to claim reporting or handling, please call 1-800-842-8496.

