



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: Beth Stephenson

Mailing address: 6624 Water Oak Dr. City: Willow Springs State: NC Zip: 27592

Phone: 252-333-2047 Email: twomorehomesllc@gmail.com

Authorized Onsite Wastewater Evaluator Information:

Name: Hal Owen Certification #: 10036E

Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546

Phone: 910-893-8743 Email: hal@halowensoil.com

Site Location Information:

Site address: 3180 Oakridge River Rd., Fuquay Varina

Tax parcel identification number or subdivision lot, block number of property: PIN: 0644-08-1188

Bryan and Terri Howell - Lot 1 County: Harnett

System Information:

Wastewater System Type: IIIbg - Pump to Other non-conventional systems

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 2 day of July, 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 2 day of July, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Hal Owen

Signature of Owner or Legal Representative: \_\_\_\_\_

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: \_\_\_\_\_



HALOWE1

OP ID: SGW

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/02/2025

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB		910-893-5707		<b>CONTACT NAME:</b> TAYLOR TURLINGTON <b>PHONE (A/C, No, Ext):</b> 910-893-5707 <b>FAX (A/C, No):</b> 910-893-2077 <b>E-MAIL ADDRESS:</b> TTURLINGTON@ISCFAY.COM	
<b>INSURED</b> HAL OWEN & ASSOCIATES, INC. PO BOX 400 LILLINGTON, NC 27546				<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> STARSTONE NATIONAL <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
				<b>NAIC #</b>	

## 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						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	<b>PROFESSIONAL LIAB.</b>			42ESP00143901	01/27/2025	01/27/2026	PER OCC. 1,000,000 AGGREGATE 2,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

BETH STEPHENSON  
6624 WATER OAK DR  
WILLOW SPRING, NC 27592

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

Oakridge River Road

NCSR #1418  
60' PUBLIC R/W

90' x 54'

34,348 S.F.  
0.75 AC

For reference only. Not a survey.

**AOWE EVALUATION**HAL OWEN ASSOCIATES  
www.halowensoil.com# **HOA-AOWE-2506-5****Issue date** 7/2/2025**Expiration** 7/2/2030**APPLICANT INFORMATION**

Name	Beth Stephenson		
Mailing Address	6624 Water Oak Dr., Willow Spring NC 27592		
E-mail Address	<a href="mailto:twomorehomesllc@gmail.com">twomorehomesllc@gmail.com</a>	Telephone Number	252-333-2047

**PROPERTY IDENTIFIERS**

County	Harnett	PIN	0644-08-1188
Size (Acre)	0.79	County PID	
Site Address	3180 Oakridge River Rd., Fuquay Varina NC		
S/D Name and Lot#	Bryan and Terri Howell, Lot 1		

**PROJECT INFORMATION**

Wastewater System	New	.0403 Eng Low Flow	No
Wastewater Strength	Domestic	Effluent Standard	DSE
Facility Type	Residential	Water Supply	Public Water
Design Wastewater Flow	480 gpd	gal/unit	120
Basis for Flow	4 bedrooms	max occupancy	8
Basement	No	Fixtures in basement?	No
Crawl Space	No	Slab Foundation	Yes

**CONSULTANT INFORMATION**

Company Name	Hal Owen & Associates, Inc.		
Mailing Address	PO Box 400, Lillington, NC 27546		
E-mail Address	<a href="mailto:hal@halowensoil.com">hal@halowensoil.com</a>	Telephone Number	910-893-8743
Licensed Soil Scientist	Hal Owen, LSS#1102	AOWE	Hal Owen, #10036E

A soil and site evaluation has been conducted for the referenced property for the purpose of permitting a subsurface wastewater system. This evaluation was prepared based on information provided by the applicant to include the basis for design flow, proposed structure location(s), and property boundaries. Any false, inaccurate, or incomplete information provided by the applicant, owner, or legal representatives may result in denial or revocation of applications, approvals, or permits.

This AOWE Evaluation is being submitted pursuant to and meets the requirements of G.S.130A-336.2. This evaluation includes a soil and site evaluation, specifications, plans, and reports for the site layout and construction of a proposed onsite wastewater system by an Authorized On-Site Wastewater Evaluator (AOWE). The evaluation of soil conditions and site features is provided in accordance with G.S. 130A-335(e), the Rules for "Wastewater Treatment and Dispersal Systems", 15A NCAC 18E, and local septic regulations (if any). This report represents my professional opinion as a Licensed Soil Scientist and Authorized Onsite Wastewater Evaluator.





# AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

## WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Permit # **HOA-AOWE-2506-5**

Proposed Design Daily Flow	<u>480</u>	gpd	Drainfield Meets Requirements:
Septic Tank Size (minimum)	<u>1000</u>	gallons	.0508 Available Space <u>Yes</u>
Pump Tank Size (minimum)	<u>1000</u>	gallons, if required	.0601 Setbacks <u>Yes</u>

### Initial System

System Type	Illbg –Pump to Other non-conventional systems		
Pump Required	<u>Yes</u>	<u>10.8</u> ft TDH at	<u>30.3</u> GPM
Trenches:	<u>Accepted (25% reduction) System</u>		
Design LTAR	<u>0.35</u>	gal/day/ft <sup>2</sup>	Saprolite System <u>No</u>
Total Trench/ Bed Length	<u>345</u>	feet	Fill System <u>No</u>
Trench Spacing	<u>9</u>	ft on center	
Usable soil depth to LC	<u>49</u>	inches	
Maximum Trench Depth	<u>24</u>	inches, measured on downhill side of trench	
Minimum Soil Cover	<u>6</u>	inches	
Artificial Drainage Required	<u>No</u>		

### Repair System

System Type:	<u>Illbg –Pump to Other non-conventional systems</u>		
Pump Required	<u>Yes</u>		
Trenches:	<u>Accepted (25% reduction) System</u>		
Design LTAR	<u>0.35</u>	gal/day/ft <sup>2</sup>	Saprolite System <u>No</u>
Total Trench/ Bed Length	<u>345</u>	feet	Fill System <u>No</u>
Trench Spacing	<u>9</u>	ft on center	
Usable soil depth to LC	<u>48</u>	inches	
Maximum Trench Depth of	<u>24</u>	inches, measured on downhill side of trench	
Minimum Soil Cover	<u>6</u>	inches	

Potential Drainlines flagged at site on 9-ft centers.

Line #	Color	Relative Elevation (ft)	Drainline Length(ft)	Field Length(ft)
1	R	99.67	115	124
2	W	99.9	115	125
3	Y	100.3	115	125
4	B	100.5	115	124
5	R	100.63	115	125
6	W	100.81	115	125
<b>Septic Tank:</b>		100.02		
<b>Pump Tank:</b>		100.02		
<b>Reference Elev:</b>		<b>100.00</b>		

Initial

Repair

Repair lines may be installed up to 6" off- contour

#### Notes:

\*No grading or removal of soil in initial or repair areas

\*Property lines per owner

\*Trench bottoms shall be level to +/- 1/4" in 10ft

\*All parts of septic system must meet minimum setbacks

# **HOA-AOWE-2506-5****PERMIT CONDITIONS**

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met.

System shall be installed in accordance with the attached Wastewater System Design Specifications.  
See attached SYSTEM LAYOUT for wastewater system design and location.

Any changes to the site plan or intended use must be approved by Hal Owen & Associates. Permit modification and resubmittal to the LHD may be necessary to ensure regulatory compliance.

Conformance to ALL regulatory setbacks shall be maintained. Local regulations (such as County, well, or riparian ordinances) may require more stringent setbacks than specified in the State septic regulations.

Minimum soil cover of six inches shall be established over dispersal field. Soil cover above the original grade shall be placed at a uniform depth over the entire dispersal field and shall extend laterally five feet beyond the dispersal trench. Site shall be graded to shed water away from field and a vegetative cover established to prevent erosion.

The dispersal field and repair area shall not be subject to vehicular traffic. Vehicular traffic can damage soils, pipes, and valve boxes. Do not use septic areas for parking.

Do not allow underground utilities, water lines, or sprinkler systems to be installed in the septic areas. Damage to the septic areas could result in the septic permit being revoked.

The wastewater system shall not be covered until inspected by Hal Owen & Associates and shall not be placed into use until an Authorization to Operate is issued.

**SPECIFIC REQUIREMENTS**

A pre-construction conference with the septic contractor is required prior to installation.

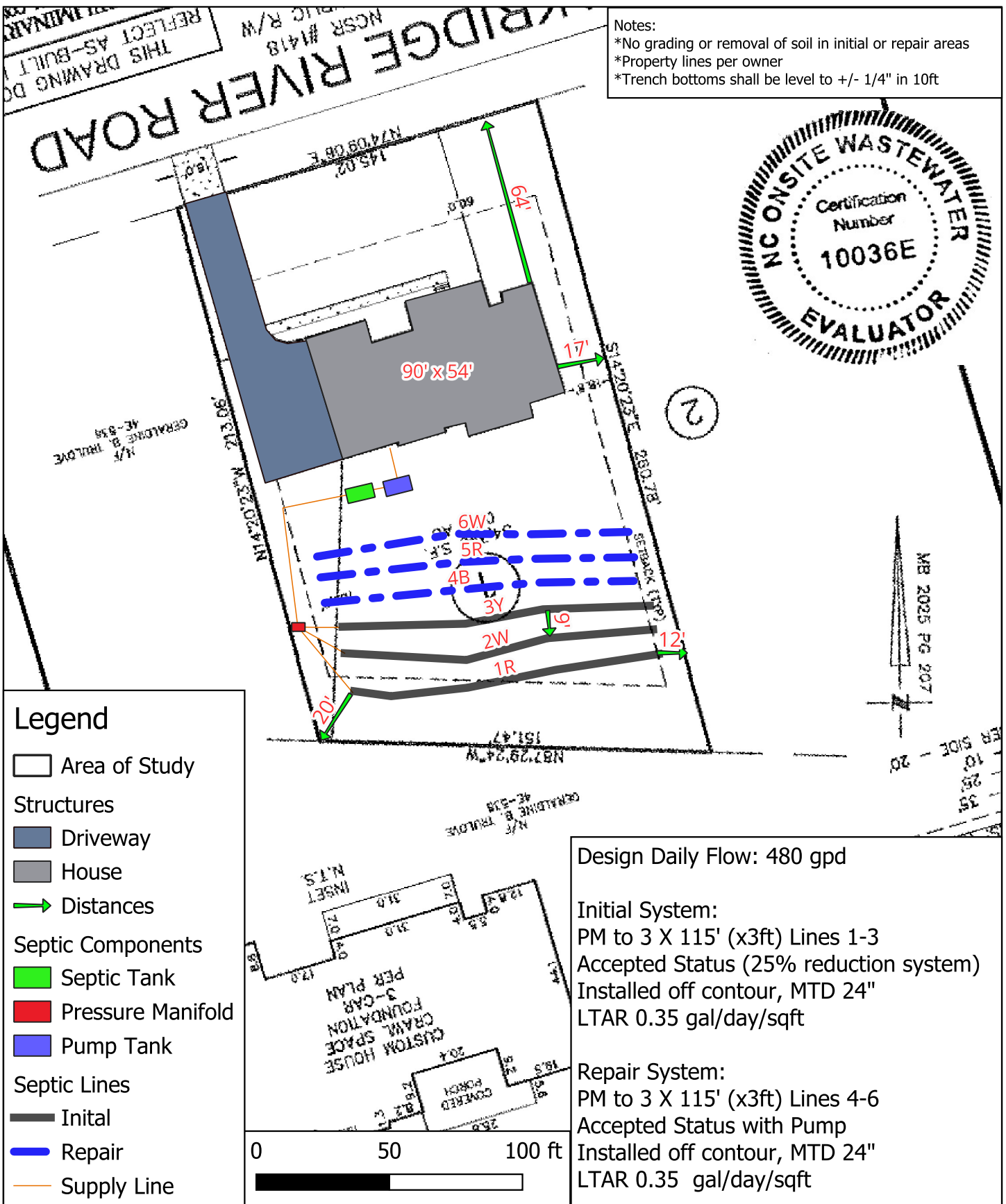
Call Hal Owen & Associates at least five days in advance to schedule 910-893-8743

The inlet and outlet of all tanks shall be equipped with an approved pipe penetration boot.

The pump tank may be eliminated if gravity distribution can be demonstrated.

Drainlines shall be installed off contour, NTE 6", MTD 24"

- \*No grading or removal of soil in initial or repair areas
- \*Property lines per owner
- \*Trench bottoms shall be level to +/- 1/4" in 10ft



Hal Owen & Associates Inc.  
PO Box 400, Lillington, NC 27546  
www.halowensoil.com  
919-893-8743

3180 Oakridge River Rd.  
Harnett Co., NC  
PIN: 0644-08-1188

25 June 2025



## Septic Layout

For reference only. Not a survey.

**AOWE EVALUATION**HAL OWEN ASSOCIATES  
www.halowensoil.com**INITIAL WASTEWATER SYSTEM**Permit # **HOA-AOWE-2506-5****Pressure Manifold Design Criteria**

**DESIGN DAILY FLOW** 480 gallons/day **SOIL LTAR:** 0.35 gpd/ft<sup>2</sup>  
**TANKS (min)** Septic Tank: 1000 gallons Pump Tank: 1000 gallons  
**SUPPLY LINE** Length: 70 ft Diameter: 2 " SCH 40 PVC  
Minimum flow (gpm) to maintain 2fps scour velocity: 20.9 gpm

**TRENCHES** Drainline Type: Accepted (25% reduction) System  
Maximum Trench Depth of 24 inches, measured on low side of trench  
Trench width: 3 feet Effective Trench Width: 4 ft  
Absorption Area: 1029 ft<sup>2</sup> Minimum Linear Length: 343 ft

**MANIFOLD** Length (ft): 3 Diameter: 4" sch 80 pvc Elevation: 101.3  
# Taps 3 Tap Configuration: 6in. spacing, 1 side of manifold

**TAP CHART**

Line	Color	Relative Elevation	Length(ft)	Tap Size/ Schedule	flow/tap gpm	gpd/ft	LTAR (gpd/ft <sup>2</sup> )
1	R	99.67	115	3/4"sch 80	10.10	1.391	0.464
2	W	99.90	115	3/4"sch 80	10.10	1.391	0.464
3	Y	100.3	115	3/4"sch 80	10.10	1.391	0.464
Total Drainline:			345	Total Flow:	30.30		

Target LTAR\*: 0.47LTAR + 5%: 0.490**PUMP CALCULATIONS**

Dose Volume: 168.96 gallons, with Pipe Volume at 75 % \*65.3gal/100ft pipe  
Dose Pump Run Time (min): 5.58 Daily Pump Run Time (min): 15.84  
Drawdown (in.): 169 gallons ÷ 20.25 gal/ inch = 8.34 inches  
Pump Tank Elevation (ft): 100.02 Pump Elevation (ft): 95.02  
Friction Head: 2.54 \*Hazen Williams Formula (use supply line length+70' for fittings in pump tank)  
Elevation Head: 6.3  
Design Head: 2.0 Total Dynamic Head (TDH): 10.82 ft

Pump to Deliver: 10.8 ft TDH @ 30.3 gpm

NEMA 4X Simplex Control Panel with elapsed time meter, event counter, audible and visible alarm (w/ silence button), hand-off-automatic (HOA) switch, pump run light, and pump on separate circuits is required. Control panel bottom shall be mounted a minimum of 24 in. above finished grade within 50 ft of pump tank. A septic tank filter is required. Floats to be determined by type of pump tank used.

Possible Septic Tank: Brantley 1000 STB-499

Possible Septic Filter:

Possible Pump Tank: Brantley 1000\_PT-237Vol(gal): 1000 GPI: 20.25

Possible Pump:

pump height (in) = 14

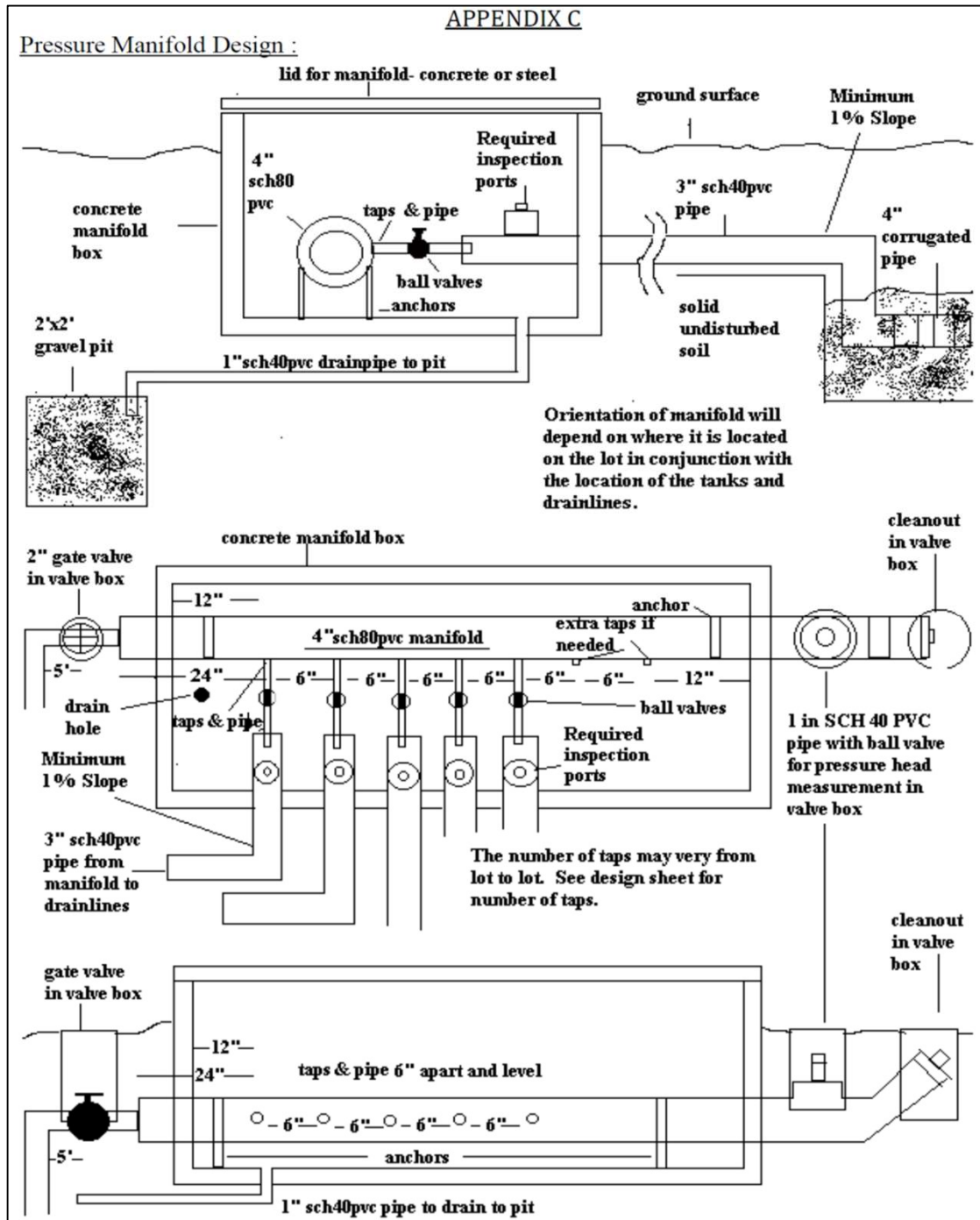
Possible Control Panel:

## INITIAL WASTEWATER SYSTEM

Permit # HOA-AOWE-2506-5

Pressure Manifold Diagram

Tap #	1	2	3
	Manifold 4" SCH 80 PVC		
tap size	3/4" sch 80	3/4" sch 80	3/4" sch 80
flow (gpm)	10.10	10.10	10.10
length (ft)	115	115	115

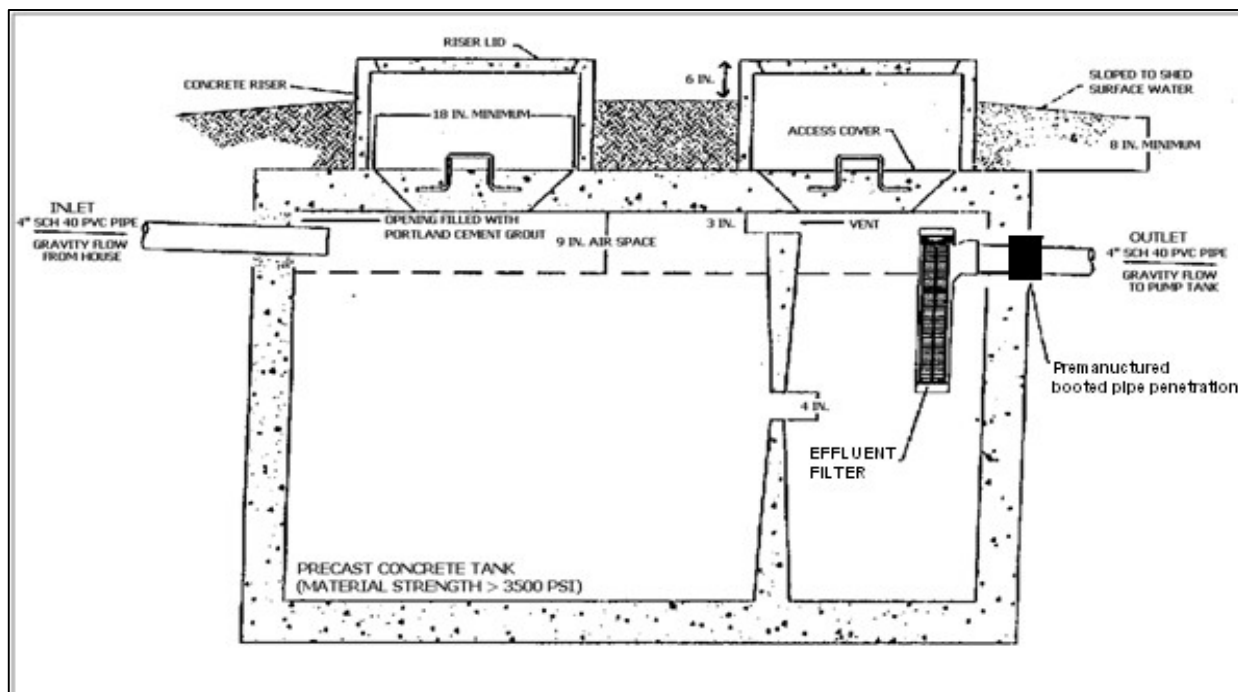
Typical

## INITIAL WASTEWATER SYSTEM

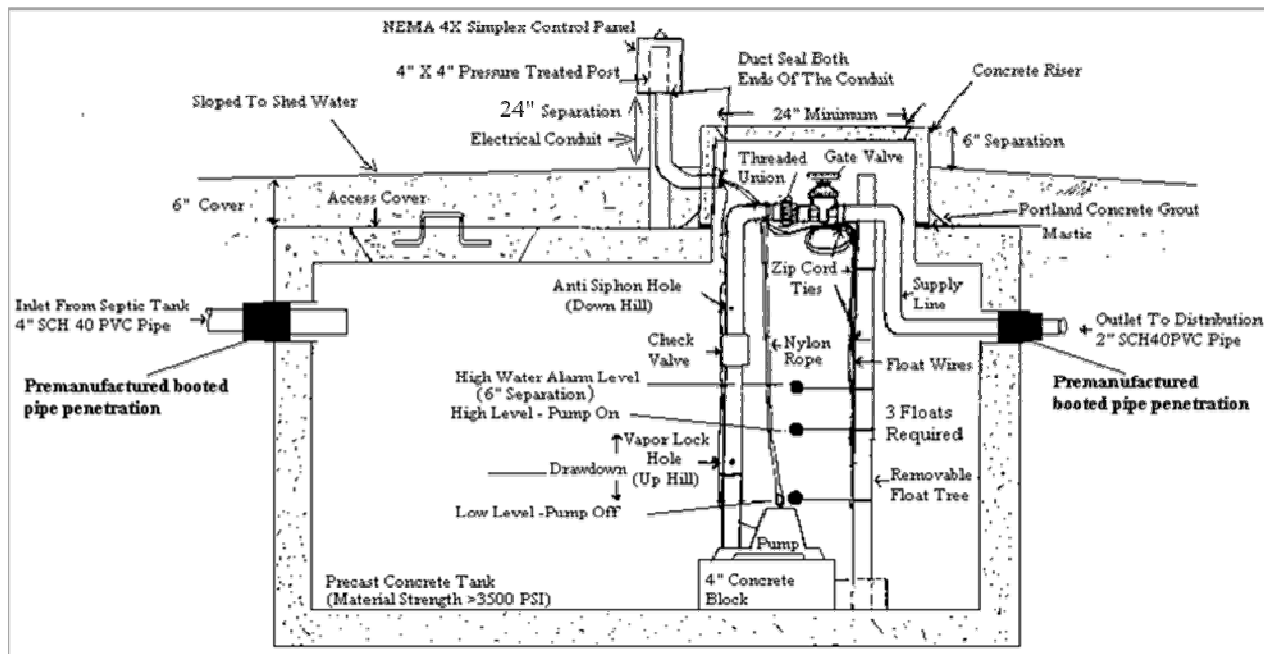
Permit # HOA-AOWE-2506-5

Typical Septic Tank

1000 GALLON SEPTIC TANK, minimum

Typical Pump Tank

1000 GALLON PUMP TANK, minimum



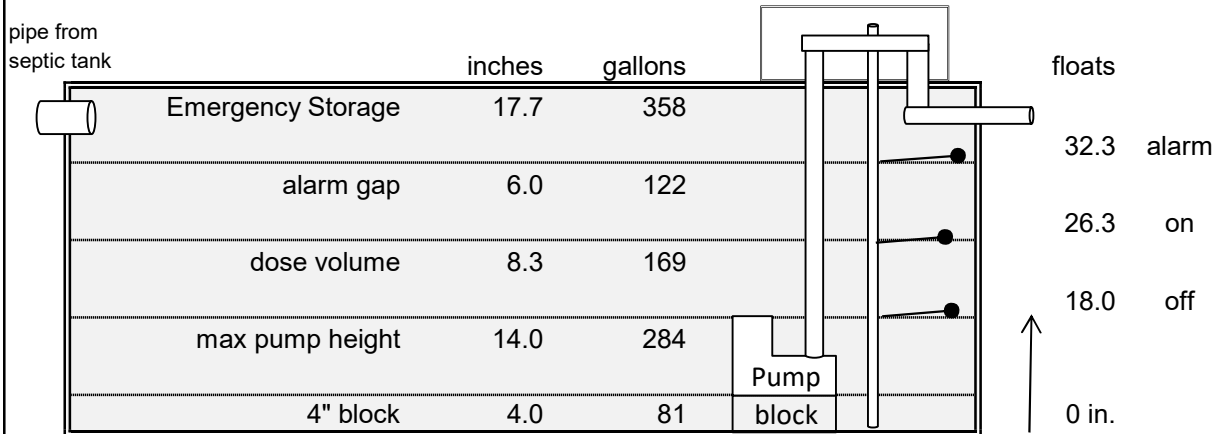
## INITIAL WASTEWATER SYSTEM

Permit # HOA-AOWE-2506-5

## Pump Tank Calculations:

Possible pump tank: Brantley 1000\_PT-237

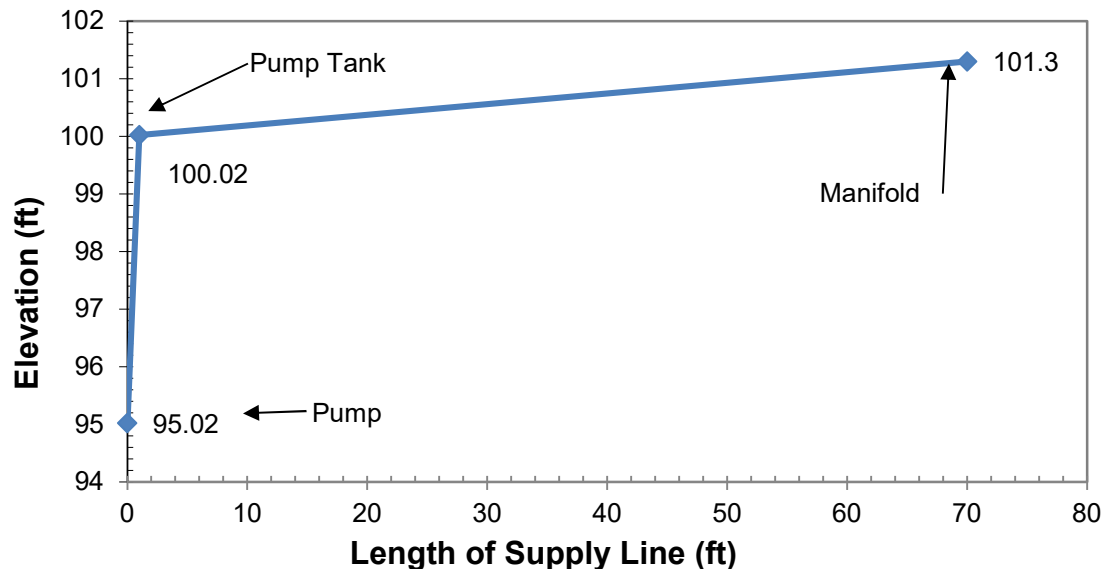
Possible Pump:

tank GPI (gal/in): 20.25 calculatedheight: 14 intank volume (gal): 1000 per manufacturertank height (in): 50.0 per manufacturerminimum emergency storage: 240 gal

Drawing N.T.S.

## Supply Line Profile:

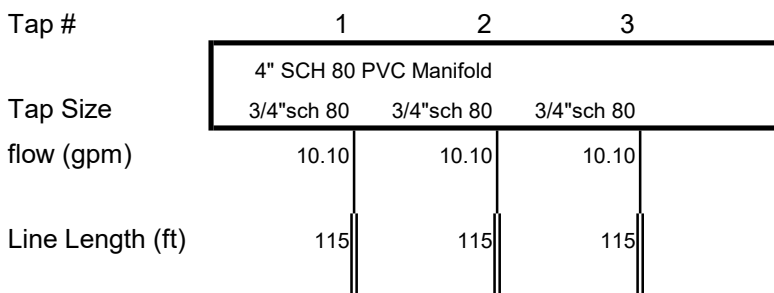
	Distance	Elevation
Pump	0	95.02
pump tank	1	100.02
Pressure manifold	70	101.3
4)		
5)		

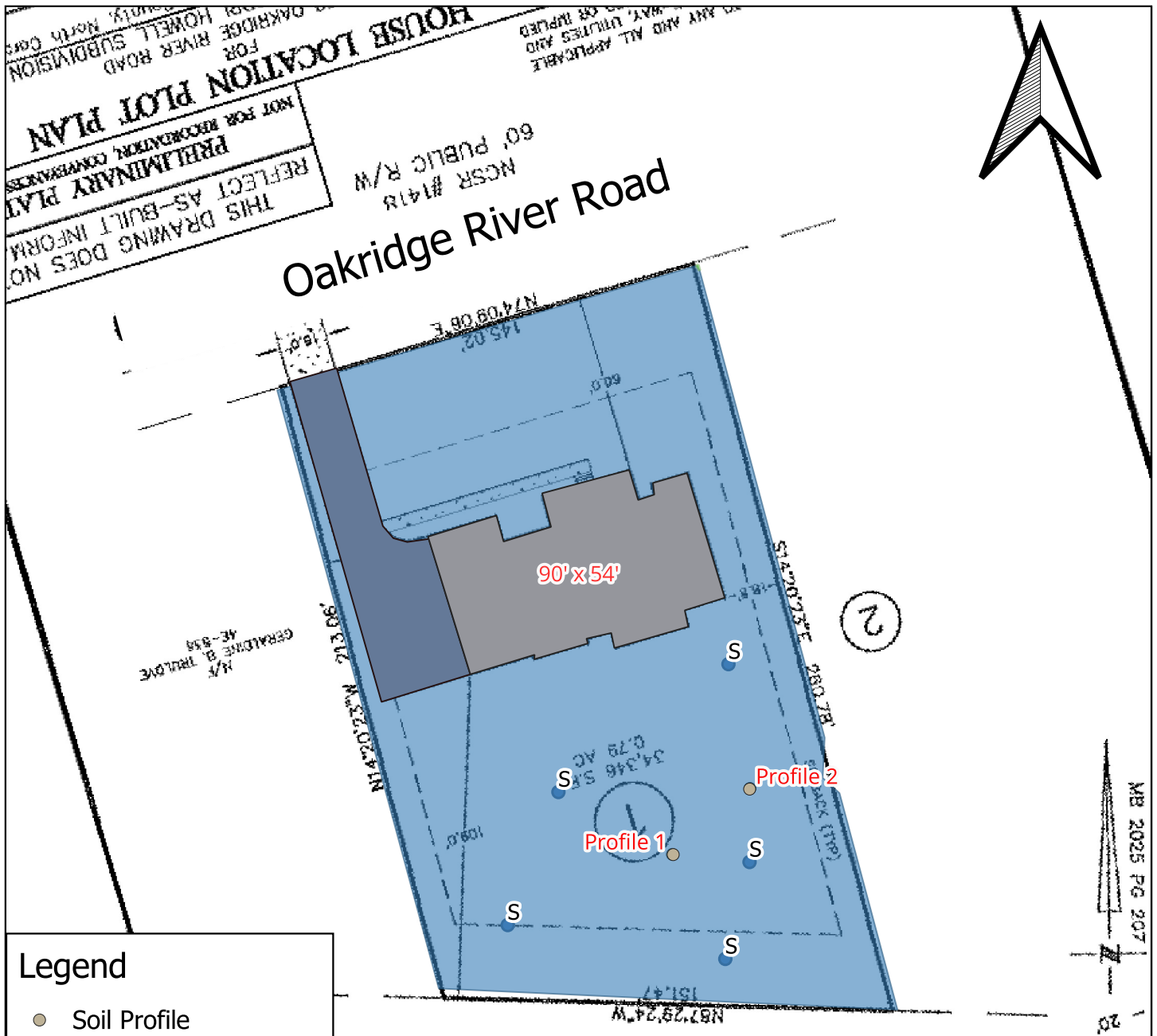




**AOWE EVALUATION**HAL OWEN ASSOCIATES  
www.halowensoil.com**REPAIR AREA**Permit # **HOA-AOWE-2506-5****Pressure Manifold Design Criteria****DESIGN FLOW** 480 gal/day**SOIL LTAR:** 0.35 gpd/ft<sup>2</sup>**TANKS (minimum)** Septic Tank: 1000 gallons Pump Tank: 1000 gallons**TRENCHES** Drainline Type: Accepted (25% reduction) SystemMaximum Trench Depth of 24 inches, measured on low side of trenchTrench width: 3 feet Effective Trench Width: 4 ftAbsorption Area: 1029 ft<sup>2</sup> Minimum Linear Length: 343 ft**MANIFOLD** # Taps 3 Tap Configuration: 6in. spacing, 1 side of manifoldLength (ft): 3 Diameter: 4" sch 80 pvc Elevation: 101.5**TAP CHART**

Tap #	Line Number	Line Color	Relative Elevation	Drainline Length(ft)	Tap Size/Schedule	Flow/tap (gpm)	LTAR (gpd/ft <sup>2</sup> )
1	4	B	100.5	115	3/4"sch 80	10.10	0.464
2	5	R	100.63	115	3/4"sch 80	10.10	0.464
3	6	W	100.81	115	3/4"sch 80	10.10	0.464

Total Drainline: 345 Total Flow: 30.30Target LTAR\*: 0.47**PUMP CALCULATIONS**LTAR + 5%: 0.490Total Flow: 30.30 gpm Design Head (ft): 2.0Daily Pump Run Time: 15.84 min (Daily Flow/Total Flow)Dose Volume: 168.96 gallons with Pipe Volume at 75 % (65.3gal/100ft pipe)Dose Pump Run 5.58 minutes (Dose Volume/Total Flow)**MANIFOLD DIAGRAM:**



## Legend

● Soil Profile

## Structures

■ Driveway

■ House

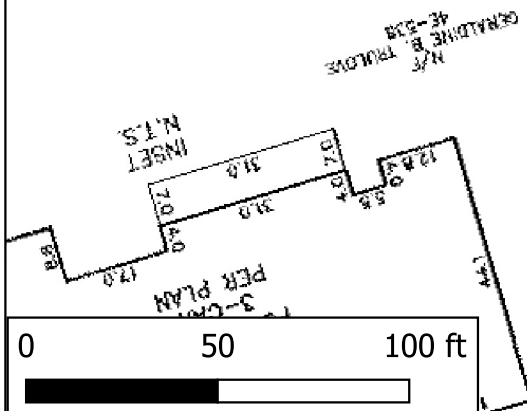
## Soil Units

■ Suitable

## Soil Borings

● Profile Descriptions

● Suitable Soils



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25 June 2025

Soil Map for Septic Suitability

For reference only. Not a survey.

## AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

Permit # HOA-AOWE-2506-5

# SOIL/SITE EVALUATION FORM FOR ON-SITE WASTEWATER SYSTEM

OWNER NAME: Beth Stephenson

PROPOSED FACILITY: Residential      DESIGN DAILY FLOW: 480      WATER SUPPLY Public Water

LOCATION OF SITE: 3180 Oakridge River Rd., Fuquay Varina NC PIN: 0644-08-1188

WASTEWATER TYPE: Domestic COUNTY: Harnett

EVALUATION METHOD: AUGER BORING ☒ PIT ☐ CUT ☐

EVALUATED BY: Britt Wilson, LSS#1351 DATE EVALUATED: 19 June 2025

	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE	1029 ft <sup>2</sup> trench bottom	1029 ft <sup>2</sup> trench bottom
SYSTEM TYPE	Accepted (25% reduction) System	Accepted (25% reduction) System
SITE LTAR	0.35 gpd/ft <sup>2</sup>	0.35 gpd/ft <sup>2</sup>
MAX TRENCH DEPTH	24 inches (measured on downhill side)	24 inches (measured on downhill side)
SITE CLASSIFICATION	Suitable	OTHER FACTORS

COMMENTS:

## PROFILE 1

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-9	10 YR 4/2	FR	LS	GR	SEXP	LANDSCAPE POSITION	TS
9-15	2.5 Y 5/3	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	46"
15-19	10 YR 5/3	FI	SCL	SBK	SEXP	SOIL WETNESS COLOR	10 YR 7/2
19-31	10 YR 5/6	FI	SCL	SBK	SEXP	SOIL DEPTH	49"
31-44	7.5 YR 5/6	FI	SCL	SBK	SEXP	SAPROLITE CLASS	NA
46+	7.5 YR 5/6	FI	SCL	SBK	SEXP	RESTRICTIVE HORIZON	NA
						SLOPE %	2
PROFILE CLASSIFICATION			<b>Suitable</b>	LTAR gpd/ft <sup>2</sup>	<b>0.35</b>	SLOPE CORRECTION (IN)	0.7
COMMENT							

## PROFILE 2

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-7	10 YR 4/2	FR	LS	GR	SEXP	LANDSCAPE POSITION	S
7-13	2.5 Y 5/3	FR	LS	GR	SEXP	SOIL WETNESS DEPTH	44"
13-19	10 YR 5/3	FI	SCL	SBK	SEXP	SOIL WETNESS COLOR	10 YR 7/2
19-30	10 YR 5/6	FI	SCL	SBK	SEXP	SOIL DEPTH	48"
30-40	7.5 YR 5/6	FI	SCL	SBK	SEXP	SAPROLITE CLASS	NA
44+	7.5 YR 5/6	FI	SCL	SBK	SEXP	RESTRICTIVE HORIZON	NA
						SLOPE %	1
PROFILE CLASSIFICATION			<b>Suitable</b>	LTAR gpd/ft <sup>2</sup>	<b>0.35</b>	SLOPE CORRECTION (IN)	0.4
COMMENT							

## SOIL/SITE EVALUATION FORM FOR ON-SITE WASTEWATER SYSTEM

## LEGEND OF ABBREVIATIONS

<b>LANDSCAPE POSITION</b>	<b>TEXTURE GROUP</b>	<b>TEXTURE CLASS</b>	<b>LTAR (gal/day/sqft)</b>
CC - Concave Slope	I	S - Sand	1.2-0.8
CV - Convex Slope		LS - Loamy Sand	
DS - Debris Slump			
D - Depression	II	SL - Sandy Loam	0.8 – 0.6
DW - Drainage Way		L - Loam	
FP - Flood Plain			
FS - Foot Slope	III	SCL - Sandy Clay Loam	0.6 – 0.3
H - Head Slope		CL - Clay Loam	
L - Linear Slope		SiL - Silt Loam	
N - Nose Slope		Si - Silt	
R - Ridge		SiCL - Silt Clay Loam	
S - Shoulder Slope			
T - Terrace	IV	SC - Sandy Clay	0.4 – 0.1
TS - Toe Slope		C - Clay	
		SiC - Silty Clay	
		O - Organic	none
<b>STRUCTURE</b>	<b>MOIST CONSISTENCE</b>	<b>WET CONSISTENCE</b>	
G - Single Grain	VFR - Very Friable	NS - Non Stick	
M - Massive	FR - Friable	SS - Slightly Sticky	
CR - Crumb	FI - Firm	MS - Moderately Stick	
GR - Granular	VFI - Very Firm	VS - Very Sticky	
SBK - Subangular Blocky	EFI - Extremely Firm	NP - Non Plastic	
ABK - Angular Blocky		SP - Slightly Plastic	
PL - Platy	<b>MINERALOGY</b>	MP - Moderately Plastic	
PR - Prismatic	SEXP - Slightly Expansive	VP - Very Plastic	
	EXP - Expansive		
<b>MOTTLES</b>	f – few	1 - fine	F - Faint
	c – common	2 - medium	D - Distinct
	m – many	3 - coarse	P - Prominent

Give Horizon Depth in inches below natural soil surface and Fill Depth in inches above land surface.

Depth to Soil Wetness: inches below land surface to free water or to soil colors with chroma 2 or less.

Classification: S – Suitable U – Unsuitable

All soil characteristics were described in accordance with the USDA Field Book for Describing and Sampling Soils. The soils were evaluated under moist soil conditions. This evaluation included observations of topography and landscape position, soil morphology (texture, structure, clay mineralogy, organics), soil wetness, soil depth, and restrictive horizons.

**TERMS AND CONDITIONS**

This AOWE Evaluation is intended to file a Notice of Intent to construct a wastewater system with the Local Health Department and shall expire in five years. This evaluation is not a permit to develop. The owner and subcontractors will need to abide by all state and local rules and regulations pertaining to planning, zoning, and land use development.

Notice of Intent to Construct – Prior to commencing or assisting in the construction, siting, relocation, or repair of a wastewater system, a complete Notice of Intent (NOI) to Construct a wastewater system using an AOWE must be submitted to the Local Health Department (LHD). The owner may apply for a building permit for the project upon submitting a complete NOI and the required fee.

Plan Alterations – If there are any changes in the site plan that can impact the wastewater system, such as moving the house or driveway, site alterations, or if the applicant chooses to change the design daily flow prior to wastewater system construction, a new NOI shall be submitted to the LHD. The applicant shall request in writing that the PE or AOWE invalidate the prior NOI with a signed and sealed letter sent to the applicant and LHD.

Site Alterations – The applicant shall be responsible for preventing modifications or alterations of the site for the wastewater system and the system repair area before, during, and after any construction activities for the facility, unless approved by the AOWE.

On-Site Wastewater System Contractor – The AOWE shall assist the owner in the selection of a certified on-site wastewater system contractor who shall be under contractual obligation to the owner and have sufficient errors and omissions, liability, or other insurance for the system constructed.

Inspections, Construction Observations, and Reports – The AOWE shall make periodic visits to the site to observe the progress and quality of the construction of the wastewater system.

Authorization to Operate (ATO) – Upon determining that the wastewater system has been properly installed and is capable of being operated in accordance with the conditions of the permit, the AOWE shall provide the owner with a report that includes inspection reports, a written operation and management program, any special reports, and an Authorization to Operate. The owner shall sign confirming acceptance and receipt of the report, and then provide a copy to the LHD who will issue the certificate of occupancy for the facility.

Operation and Management – The owner shall be responsible for continued adherence to the operations and management program established by the AOWE. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function satisfactorily for any given period of time.

Change in System Ownership – An authorized wastewater system shall be transferrable to a new owner with the consent of the AOWE. The new owner and the AOWE shall enter a contract for the wastewater system.

Revocation – The AOWE permit is subject to revocation if the site plan, plat, or the intended use changes. This permit is subject to compliance with the provisions of the laws and Rules for Wastewater Treatment and Dispersal Systems and to the conditions of this permit.

Repair of Malfunctioning Systems – The owner may apply for an Improvement Permit and a Construction Authorization from the LHD or obtain a NOI from an AOWE to repair a malfunctioning wastewater system.