North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

__x__ New ____ Expansion ____ Repair ____ Relocation ____ Relocation of Repair Area

Owner or Legal Representative Information:
Name: Mattamy Homes, LLC
Mailing address: 11000 Regency Parkway, Suite 110 City: Cary State: NH Zip: 27518
Phone: 919-625-9546 Email: drew.brody@mattamycorp.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: _____
Tax parcel identification number or subdivision lot, block number of property: _____
Riverfall SD, Ph 2, Lot 53 County: Harnett

System Information:
Wastewater System Type: IIb (Accepted waterwater gravity system)
Daily Design Flow: 360 gpd
Saprolite System: _____Yes x ____No Subsurface Operator Required: _____ Yes x ____No
Water Supply Type: ____Private Well x ____Public Water Supply ____ Spring _____Other: _____

Facility Type:
x ____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 2 day of August, 2024 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 August, 2029.

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) 03/11/2024

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).

PRODUCER INSURANCE SERVICE CTR -LILLING LILLINGTON BRANCH OFFICE PO Box 1565 LILLINGTON, NC 27546 DANIEL L. BABB 910-893-5707	CONTACT NAME: SHARON WOODY PHONE (A/C, No, Ext): 910-893-5707 FAX (A/C, No): 910-893-2077 E-MAIL ADDRESS: SWOODY@ISCFAY.COM
INSURED HAL OWEN & ASSOCIATES, INC. PO BOX 400 LILLINGTON, NC 27546	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : STARSTONE NATIONAL INSURER B : 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PROFESSIONAL LIAB.			42ESP00143901	01/27/2024	01/27/2025	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)

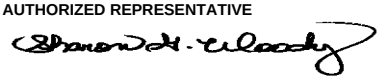
CERTIFICATE HOLDER

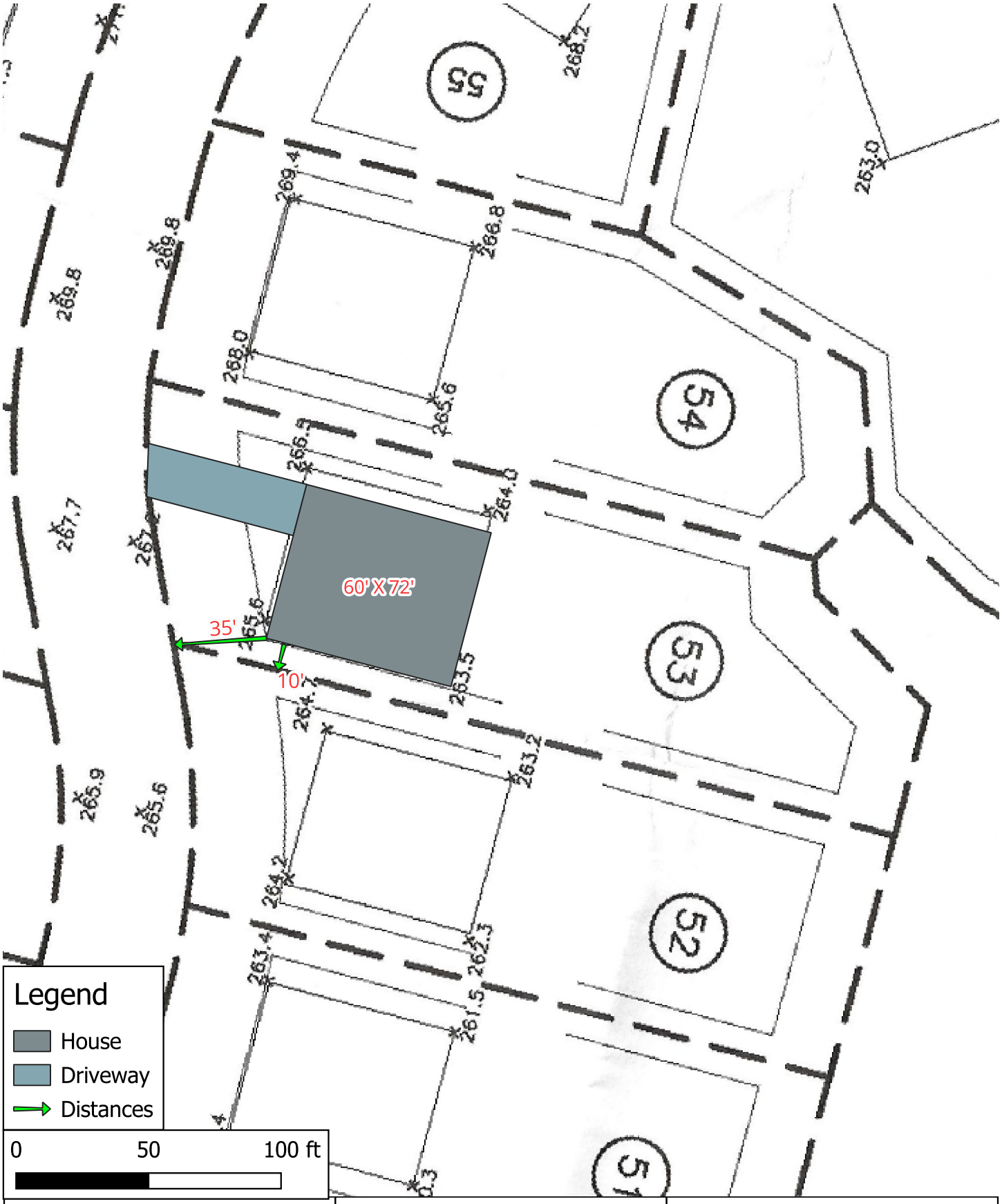
MATTAMY HOMES LLC
11000 REGENCY PRKWY STE 110
CARY, NC 27518

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





Hal Owen & Associates Inc. PO Box 400, Lillington, NC 27546 www.halowensoil.com 919-893-8743	Riverfall SD, Ph 2 Lot 55 26 July 2024	Site Plan For reference only. Not a survey.

AOWE EVALUATION

HAL OWEN ASSOCIATES
www.halowensoil.com

 # HOA-AOWE-2407-32

Issue date 8/2/2024
Expiration 8/2/2029

APPLICANT INFORMATION

Name	Mattamy Homes, LLC		
Mailing Address	11000 Regency Parkway, Suite 110; Cary NC 27518		
E-mail Address	Drew.Brody@mattamycorp.com	Telephone Number	919-625-9546

PROPERTY IDENTIFIERS

County	Harnett	PIN	
Size (Acre)		County PID	
Site Address			
S/D Name and Lot#	Riverfall SD, Ph 2, Lot 53		

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	360	gpd	gal/unit	120
Basis for Flow	3	bedrooms	max occupancy	6
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	hal@halowensoil.com	Telephone Number	910-893-8743
Licensed Soil Scientist	Britt Wilson, LSS#1351	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.

Britt Wilson

LICENSED SOIL SCIENTIST JOSEPH BRITT WILSON 1351 STATE OF NORTH CAROLINA

NC ONSITE WASTEWATER Certification Number 10036E EVALUATOR

Hal Owen

LICENSED SOIL SCIENTIST HAL OWEN 1102 STATE OF NORTH CAROLINA

AOWE EVALUATION

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WASTEWATER SYSTEM DESIGN SPECIFICATIONS

Proposed Design Daily Flow	360	gpd	Drainfield Meeets Requirements:	
Septic Tank Size (minimum)	1000	gallons	.0508 Available Space	Yes
Pump Tank Size (minimum)	1000	gallons, if required	.0601 Setbacks	Yes

Initial System

System Type	IIb – Accepted wastewater gravity system			
Pump Required	No		ft TDH at	GPM
Trenches:	Accepted (25% reduction) System			
Design LTAR	0.35	gal/day/ft^2	Saprolite System	No
Total Trench/ Bed Length	260	feet	Fill System	No
Trench Spacing	9	ft on center		
Usable soil depth to LC	47	inches		
Maximum Trench Depth	21	inches, measured on downhill side of trench		
Minimum Soil Cover	6	inches		
Artificial Drainage Required	No			

Repair System

System Type:	IIIe – PPBPS gravity system			
Pump Required	No			
Trenches:	PPBPS, horizontal			
Design LTAR	0.35	gal/day/ft^2	Saprolite System	No
Total Trench/ Bed Length	172	feet	Fill System	No
Trench Spacing	9	ft on center		
Usable soil depth to LC	38	inches		
Maximum Trench Depth of	21	inches, measured on downhill side of trench		
Minimum Soil Cover	6	inches		

Potential Drainlines flagged at site on 9-ft centers.

Line #	Color	Relative Elevation (ft)	Drainline Length(ft)	Field Length(ft)	
1	W	102.78	43	74	Repair
2	R	102.22	43	73	
3	B	101.63	65	70	Initial
4	Y	100.96	65	70	
5	W	100.27	65	70	
6	R	99.66	65	65	
7	B	98.83	43	65	Repair
8	Y	96.99	43	62	
Septic Tank:		104.65			
Reference Elev:		**100.00**			

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

AOWE EVALUATION

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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 Specificaitons.
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 well or riparian buffer ordinances) may require more stringent setbacks than specified in the 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.

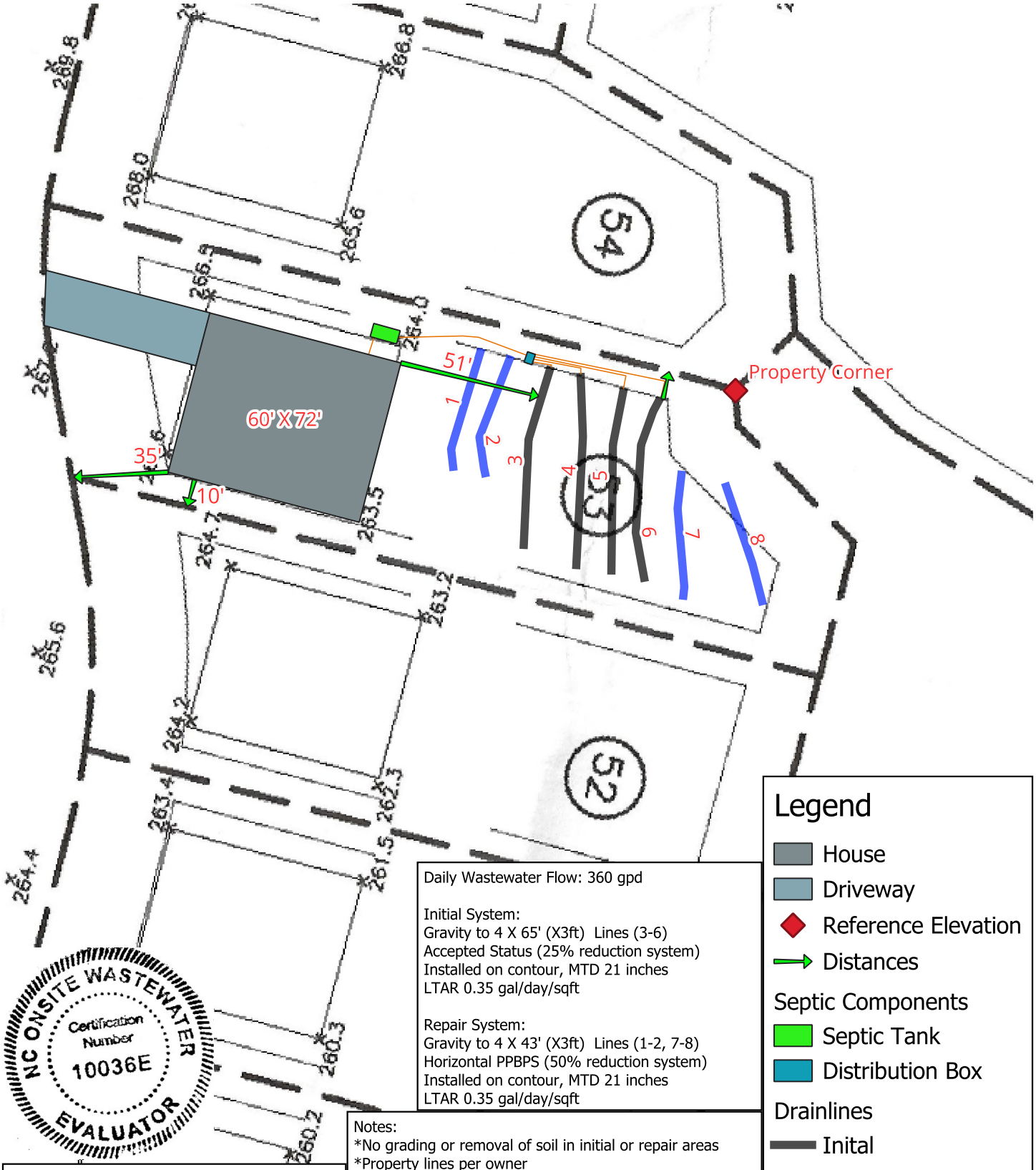
The wastewater system shall not be covered until inspected by Hal Owen & Associates and shall not be placed into use until an Authorization to Operate is issued.

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.

A pump tank should be added if gravity distribution cannot be demonstrated.



Legend

- House
- Driveway
- Reference Elevation
- Distances

Septic Components

- Septic Tank
- Distribution Box

Drainlines

- Inital
- Repair
- Supply Line

Daily Wastewater Flow: 360 gpd

Initial System:
Gravity to 4 X 65' (X3ft) Lines (3-6)
Accepted Status (25% reduction system)
Installed on contour, MTD 21 inches
LTAR 0.35 gal/day/sqft

Repair System:
Gravity to 4 X 43' (X3ft) Lines (1-2, 7-8)
Horizontal PPBPS (50% reduction system)
Installed on contour, MTD 21 inches
LTAR 0.35 gal/day/sqft

NC ONSITE WASTEWATER EVALUATOR
Certification Number 10036E

0 50 100 ft

Notes:
*No grading or removal of soil in initial or repair areas
*Property lines per owner
*Trench bottoms shall be level to +/- ¼" in 10ft
*All parts of septic system must meet minimum setbacks

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

Riverfall SD, Ph 2

Lot 53

2 August 2024

Figure 2

Septic Layout

For reference only. Not a survey.

AOWE EVALUATION

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INITIAL WASTEWATER SYSTEM

Gravity System Design Criteria

DESIGN DAILY FLOW 360 gallons **SOIL LTAR:** 0.35 gpd/ft^2

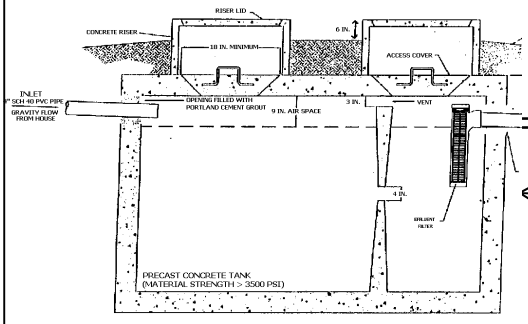
TANK (minimum) Septic Tank: 1000 gallons

SUPPLY LINE Length (ft): 54 Diameter: 3 " sch 40 pvc
slope = 4.02% *minimum slope of supply line is 1/8" per foot (%1.04)

TRENCHES Drainline Type: Accepted (25% reduction) System
Maximum Trench Depth of 21 inches, measured on downhill side
Trench height: 12 inches Trench width: 3 ft
Trench Length Factor: 75 % Effective Trench Width: 4 ft
Absorption Area: 771 ft^2 Minimum Linear Length: 257 ft
Actual Trench Length: 4 X 65 ft = **260 ft**

Gravity Distribution Schematic

Septic Tank	*Tank Outlet**	*D-Box*	*Trench*
Ground Elev (ft)= 104.65 ft	Depth (in) = 18 Elev (ft)= 103.15	Elev (ft)= 100.98	Ground Elev (ft)= 101.63



D-box *Trench* Trench Bottom Elev (ft)= 99.88

Supply Line 54

Drainline

drawing N.T.S.

*Outlet depth of septic tank is dependant upon the depth of the plumbing stub out from the home.
A pump tank should be added if gravity distribution cannot be demonstrated.

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REPAIR AREA

Gravity System Design Criteria

DESIGN DAILY FLOW 360 gallons **SOIL LTAR:** 0.35 gpd/ft^2

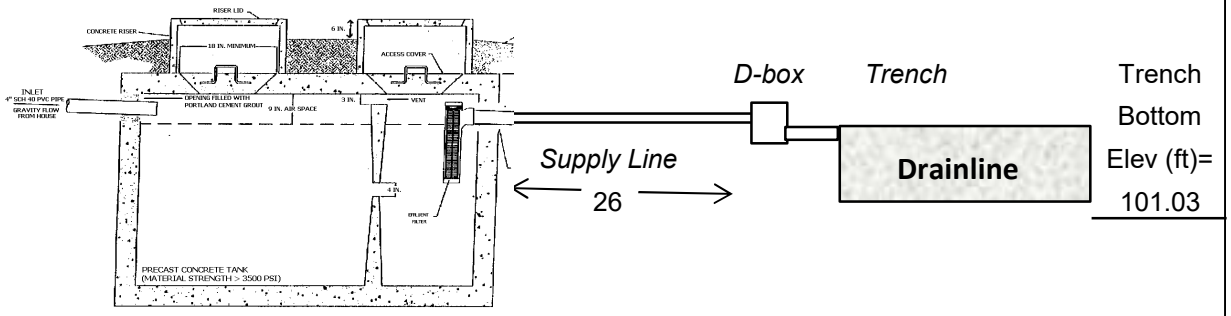
TANK (min) Septic Tank: 1000 gallons

SUPPLY LINE Length (ft): 26 Diameter: 3 " sch 40 pvc
slope = 3.28% *minimum slope of supply line is 1/8" per foot (%1.04)

TRENCHES Drainline Type: PPBPS, horizontal
Maximum Trench Depth of 21 inches, measured on downhill side
Trench height: 14 inches Trench width: 3 ft
Trench Length Factor: 50 % Effective Trench Width: 6 ft
Absorption Area: 514 ft^2 Minimum Linear Length: 171 ft
Actual Trench Length: 4 X 43 ft = **172 ft**

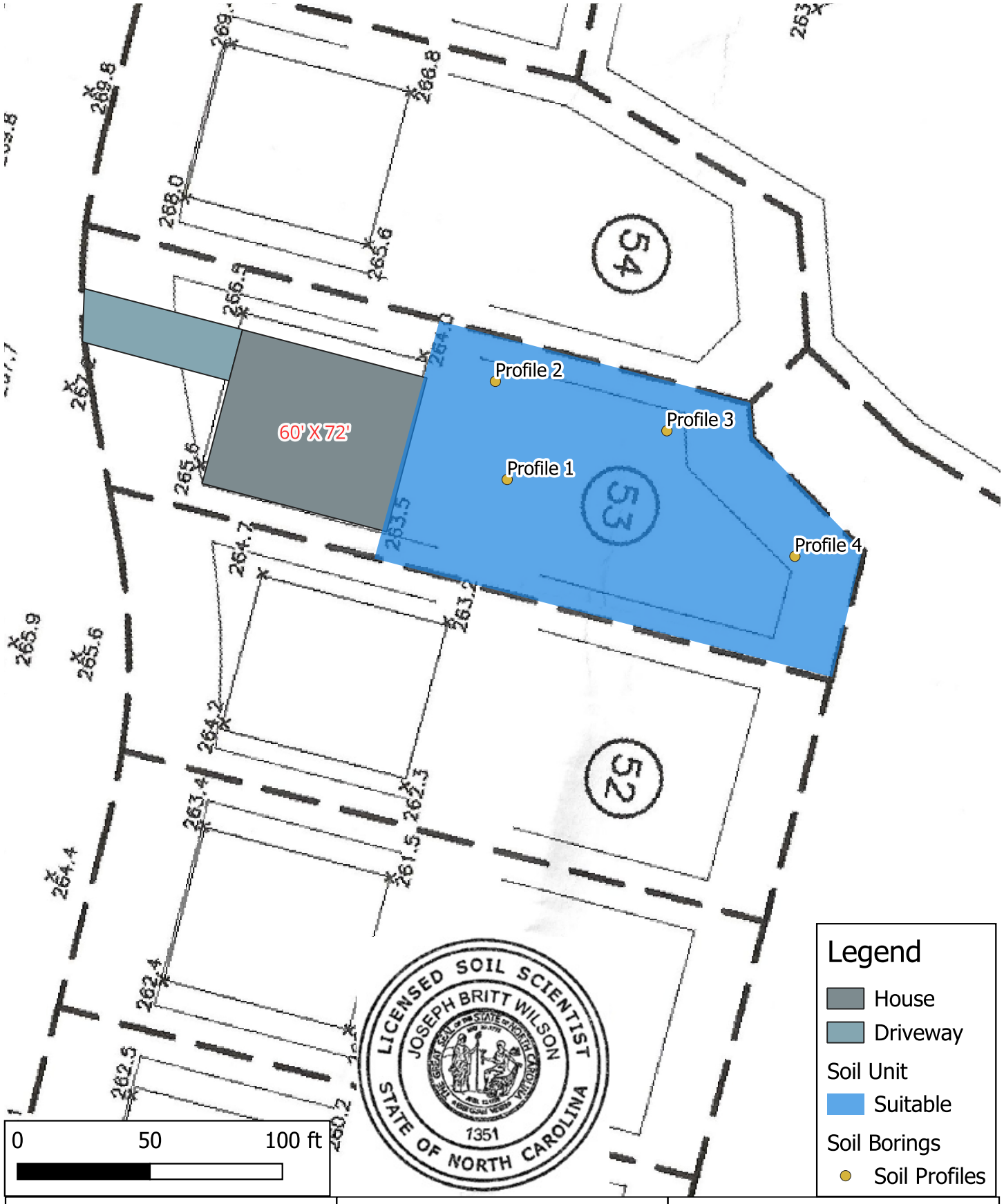
Gravity Distribution Schematic

Septic Tank	*Tank Outlet**	*D-Box*	*Trench*
Ground Elev (ft)= 104.65 ft	Depth (in) = 18 Elev (ft)= 103.15	Elev (ft)= 102.30	Ground Elev (ft)= 102.78



drawing N.T.S.

*Outlet depth of septic tank is dependant upon the depth of the plumbing stub out from the home.
A pump tank should be added if gravity distribution cannot be demonstrated.



Hal Owen & Associates Inc. PO Box 400, Lillington, NC 27546 www.halowensoil.com 919-893-8743	Riverfall SD, Ph 2 Lot 53 8 July 2024	Figure 1 Soil Map for Septic Suitability For reference only. Not a survey.

AOWE EVALUATION

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Soil/Site Evaluation Form for On-Site Wastewater System

OWNER NAME: Mattamy Homes, LLC

PROPOSED FACILITY: Residential DESIGN DAILY FLOW: 360 WATER SUPPLY Public Water

LOCATION OF SITE: 0 PIN: 0

WASTEWATER TYPE: Domestic COUNTY: Harnett

EVALUATION METHOD: AUGER BORING ■ PIT ☐ CUT ☐

EVALUATED BY: Britt Wilson, LSS#1351 DATE EVALUATED:

	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE	771 ft^2 trench bottom	514 ft^2 trench bottom
SYSTEM TYPE	Accepted (25% reduction) System	PPBPS, horizontal
SITE LTAR	0.35 gpd/ft^2	0.35 gpd/ft^2
MAX TRENCH DEPTH	21 inches (measured on downhill side)	21 inches (measured on downhill side)

SITE CLASSIFICATION Suitable OTHER FACTORS

COMMENTS:

PROFILE 1

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-12	10YR 7/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	L
12-16	10YR 6/4	VFR	SL	GR	SEXP	SOIL WETNESS DEPTH	44"
16-48	10YR 6/6	FR	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 7/2
						SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	5
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.45**	SLOPE CORRECTION (IN)	1.8
COMMENT							

PROFILE 2

HORIZON DEPTH	COLOR	CONSISTENCE	TEXTURE	STRUCTURE	MINERALOGY	OTHER PROFILE FACTORS	
0-8	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	CC
8-13	10YR 6/4	VFR	SL	GR	SEXP	SOIL WETNESS DEPTH	>48"
13-44	10YR 6/6	FR	SCL	SBK	SEXP	SOIL WETNESS COLOR	
44-48	10YR 6/4	FR	SCL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	5
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.35**	SLOPE CORRECTION (IN)	1.8
COMMENT							

AOWE EVALUATION

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PROFILE 3

HORIZON DEPTH	COLOR	CONSIS TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-10	10YR 5/3	VFR	LS	GR	SEXP	LANDSCAPE POSITION	CC
10-18	10YR 6/4	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	47"
18-44	10YR 6/6	FR	SCL	SBK	SEXP	SOIL WETNESS COLOR	10YR 6/1
44-48	10YR 6/6	FR	SL	SBK	SEXP	SOIL DEPTH	48"
						SAPROLITE CLASS	NA
						RESTRICTIVE HORIZON	NA
						SLOPE %	7
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.45**	SLOPE CORRECTION (IN)	2.5
COMMENT							

PROFILE 4

HORIZON DEPTH	COLOR	CONSIS TENCE	TEXTURE	STRUCTURE	MINERA LOGY	OTHER PROFILE FACTORS	
0-6	10YR 4/2	VFR	LS	GR	SEXP	LANDSCAPE POSITION	CC
6-11	10YR 5/3	VFR	LS	GR	SEXP	SOIL WETNESS DEPTH	38"
11-25	2.5Y 7/3	VFR	LS	GR	SEXP	SOIL WETNESS COLOR	10YR 7/2
25-29	10YR 6/4	VFR	LS	GR	SEXP	SOIL DEPTH	48"
29-38	10YR 5/6	FR	SL	GR	SEXP	SAPROLITE CLASS	NA
38-48	10YR 6/4	FR	SL	SBK	SEXP	RESTRICTIVE HORIZON	NA
						SLOPE %	
PROFILE CLASSIFICATION			**Suitable**	LTAR gpd/ft^2	**0.6**	SLOPE CORRECTION (IN)	0.0
COMMENT							

AOWE EVALUATION

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Soil/Site Evaluation Form for On-Site Wastewater System

LEGEND OF ABBREVIATIONS

LANDSCAPE POSITION	TEXTURE GROUP	TEXTURE CLASS	LTAR (gal/day/sqft)
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

STRUCTURE	MOIST CONSISTENCE	WET CONSISTENCE
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	
ABK - Angular Blocky		NP - Non Plastic
PL - Platy	**MINERALOGY**	SP - Slightly Plastic
PR - Prismatic	SEXP - Slightly Expansive	MP - Moderately Plastic
	EXP - Expansive	VP - Very Plastic

MOTTLES			
	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.

AOWE EVALUATION

HAL OWEN ASSOCIATES
www.halowensoil.com

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.