

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_NewExpansionRepairRelocationRelocation of Repair Area								
Owner or Legal Representative Information: James Rumley								
Name: Caruso Homes								
Mailing address: 110 Horizon Drive - Suite 320 City: Raleigh State: NC Zip: 27615								
Phone: 240-886-3229 Email: jrumley@carusohomes.com								
Authorized Onsite Wastewater Evaluator Information:								
Name: Alex Adams Certification #: AOWE# 10021E								
Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501								
Phone: 919-414-6761 Email: alexadams@bcsoil.com								
Site Location Information:								
Site address: Lot #67 (Olde Mill Village) 261 Mill Bend Drive- Fuquay-Varina NC 27501								
Tax parcel identification number or subdivision lot, block number of property: PIN# 0644-55-1845								
County: Harnett								
System Information: Accepted Status Wastewater System Type: Type III (b)								
Daily Design Flow: 360 gallons/day								
Saprolite System:YesX_No Subsurface Operator Required:YesXNo Water Supply Type:Private WellX_Public Water SupplySpringOther:								
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:								
Requird_Attachments:								
xPlat_or_Siteplan								
x Evaluation of Soil and Site Features by Licensed Soil Scientist								
Attest: On this the 4th day of August 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 4th day of August 2030.								
Signature of Authorized Onsite Wastewater Evaluator:								
Signature of Owner or Legal Representative: James Rumley								
Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee								
equired (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater syaluator 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:								

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

August 4, 2025 Project #2179

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

RE: Lot 67- Molde Mill Village – Fuquay-Varina, NC - 3-bedroom Single Family Residence (PIN# 0644-55-1845)

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 360 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 360 gallons/day and utilizing Accepted Status system for the initial and a PPBPS 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,

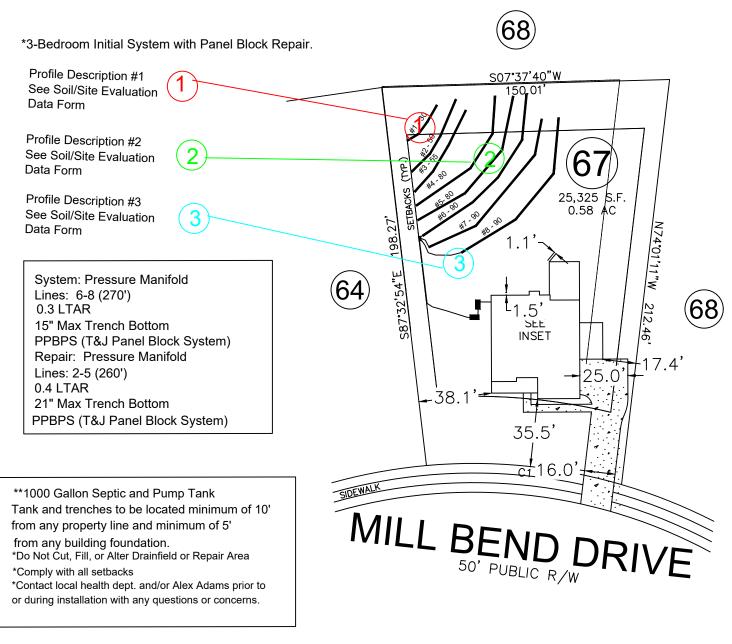
Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E



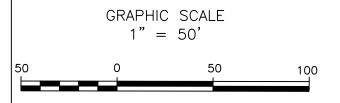


265 Mill Bend Drive
4-Bedroom Septic Design
Lot 67 Olde Mill Village
Carruso Homes
Harnett County
7-31-25



*Septic Installer to Contact Adams Soil Consulting at least 7 days in advance of installation.

Adams Soil Consulting 919-414-6761 Job #2179



261 Mill Bend Drive PRESSURE MANIFOLD DESIGN -Initial

Caruso Homes

of BDR: 3 Daily Flow: 360 gal/day L.T.A.R.: 0.3000 gal/day/sq.ft

Number of Taps: $\underline{3}$ Length of Trenches: $\underline{270}$ ft(See Tap Chart for Details)

Depth of Trenches: 15 in Manifold Length: 36 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 120 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 2.11 ft(supply line length + 70' for fittings in pump tank)

Design Head: $\underline{2}$ ft Elevation Head: $\underline{6}$ ft

Total Head: 10.11 ft Pump to Deliver: 21.33 gals/min at 10.11 ft head

Dosing Volume: <u>227</u> gals,

Drawdown: 227 gals divided by 21.4 gals/in = 10.6 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark	<u>0</u>	is = 100.00	set at				Design Head:	2			Change in
Pump tank elev.		<u>18</u>	95.00	Pump elev.	90.00		Manifold elev.	1.00		# of Panels	
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	(PPBPS)	Panels (in)
5	Blue			90	1/2in SCH 40	7.11	120.00	270	0.4444	21	4.2
6	Purple			90	1/2in SCH 40	7.11	120.00	270	0.4444	21	4.2
7	Orange			90	1/2in SCH 40	7.11	120.00	270	0.4444	21	4.2
			Total Feet = Feet Required =		gal/min = Velocity =	21.33 2.04		<u>LTAR =</u> (ltar + 5%)	0.3000 0.3150		
Total # of Panels	s (PPBPS)	63	. oot .toquou	Des. Flow	<u>360</u>			(Itar w/50% red)	0.6000		
% of Dose Vol.	- (-,	70		Pump Run=				(ltar + 5%)	0.6300		
Dose Volume		227		Tank Gal/IN	<u>21.4</u>			` ,			
Dose Pump Tim	е	10.63		Elev. Head	6						
Drawdown in Inc	ches	10.6									
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).

се	rtificate holder in lieu of such endors	semer	ıt(s).	,								
PROD	UCER				CONTACT NAME: Angela Sensenig							
Wad	e Associates, LLC	PHONE (A/C, No, Ext): (252)631-5269 FAX (A/C, No): (252)649-2443										
250	Pollock St.				E-MAIL ADDRESS: asensenig@wadeict.com							
											NAIC #	
New	Bern NC 28	560			·						A1122J	
INSU	RED				INSURER B:							
Ale	x Adams, DBA: Adams Soil Co	nsult	ing		INSURER C :							
167	6 Mitchell Rd.				INSURER D :							
					INSURER E :							
Ang	ier NC 27	501			INSURER F:							
		RTIFIC	CATE	NUMBER: 25-26				REVISION NUM	MBER:			
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CERTIFICATE HOLDER CANCELLAT												
FOR INFORMATIONAL PURPOSES ONLY						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
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