



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: Mattamy Homes, LLC

Mailing address: 11000 Regency Parkway, Suite 110 City: Cary State: NC 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 49 County: Harnett

System Information:

Wastewater System Type: 1lb (Accepted wastewater gravity system)

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 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).

|                                                                                                                                        |  |              |  |                                                                                                                            |  |                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|
| <b>PRODUCER</b><br>INSURANCE SERVICE CTR -LILLING<br>LILLINGTON BRANCH OFFICE<br>PO Box 1565<br>LILLINGTON, NC 27546<br>DANIEL L. BABB |  | 910-893-5707 |  | <b>CONTACT NAME:</b> SHARON WOODY<br><b>PHONE (A/C, No, Ext):</b> 910-893-5707<br><b>E-MAIL ADDRESS:</b> SWOODY@ISCFAY.COM |  | <b>FAX (A/C, No):</b> 910-893-2077 |  |
|                                                                                                                                        |  |              |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                       |  | <b>NAIC #</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>                                                                                                         |  |                                    |  |

| 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<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                     |          |                  |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                            |                     |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                             |                     |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                     |                     | N / A    |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PROFESSIONAL LIAB.                                                                                                                                                                                                                                        |                     |          | 42ESP00143901    | 01/27/2024              | 01/27/2025              | PER OCC. 1,000,000<br>AGGREGATE 2,000,000                                                                                                                                                |

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

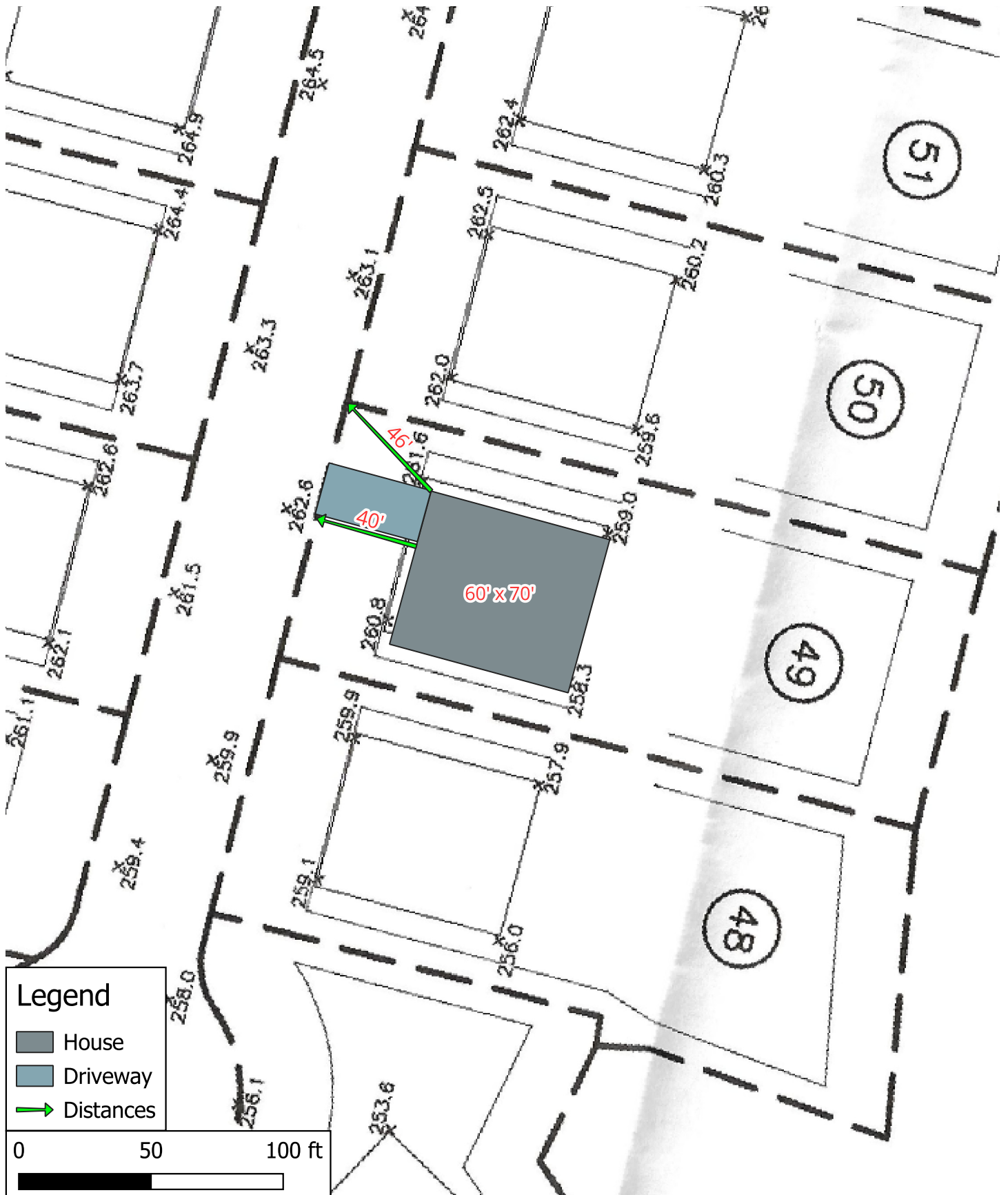
## CERTIFICATE HOLDER

## CANCELLATION

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

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



## Legend

- House
- Driveway
- Distances

0 50 100 ft



Hal Owen & Associates Inc.  
PO Box 400, Lillington, NC 27546  
[www.halowensoil.com](http://www.halowensoil.com)  
919-893-8743

Riverfall SD, Ph 2



Lot 49

5 July 2024

Site Plan

For reference only. Not a survey.

**AOWE EVALUATION**HAL OWEN ASSOCIATES  
www.halowensoil.com

# HOA-AOWE-2407-28

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  | <a href="mailto:Drew.Brody@mattamycorp.com">Drew.Brody@mattamycorp.com</a> | 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 49 |            |  |

**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 | 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.



## WASTEWATER SYSTEM DESIGN SPECIFICATIONS

|                            |      |                      |                                |     |
|----------------------------|------|----------------------|--------------------------------|-----|
| Proposed Design Daily Flow | 480  | gpd                  | Drainfield Meets 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                  | 0.40                                     | gal/day/ft <sup>2</sup>                     | Saprolite System | No  |
| Total Trench/ Bed Length     | 300                                      | feet                                        | Fill System      | No  |
| Trench Spacing               | 9                                        | ft on center                                |                  |     |
| Usable soil depth to LC      | 48                                       | 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:             | IIb – Accepted wastewater gravity system |                                             |                  |    |
| Pump Required            | No                                       |                                             |                  |    |
| Trenches:                | Accepted (25% reduction) System          |                                             |                  |    |
| Design LTAR              | 0.40                                     | gal/day/ft <sup>2</sup>                     | Saprolite System | No |
| Total Trench/ Bed Length | 300                                      | feet                                        | Fill System      | No |
| Trench Spacing           | 9                                        | ft on center                                |                  |    |
| Usable soil depth to LC  | 48                                       | 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               | B     | 102.06                  | 75                   | 70               | Initial |
| 2               | Y     | 101.36                  | 75                   | 70               |         |
| 3               | R     | 101.07                  | 75                   | 73               |         |
| 4               | W     | 100.58                  | 75                   | 75               |         |
| 5               | B     | 100.05                  | 75                   | 75               | Repair  |
| 6               | Y     | 99.50                   | 75                   | 73               |         |
| 7               | R     | 99.00                   | 75                   | 79               |         |
| 8               | W     | 98.20                   | 75                   | 80               |         |
| Septic Tank:    |       | 104.39                  |                      |                  |         |
| 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

## 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 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.

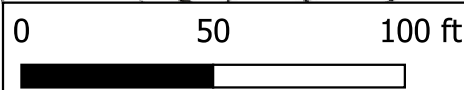
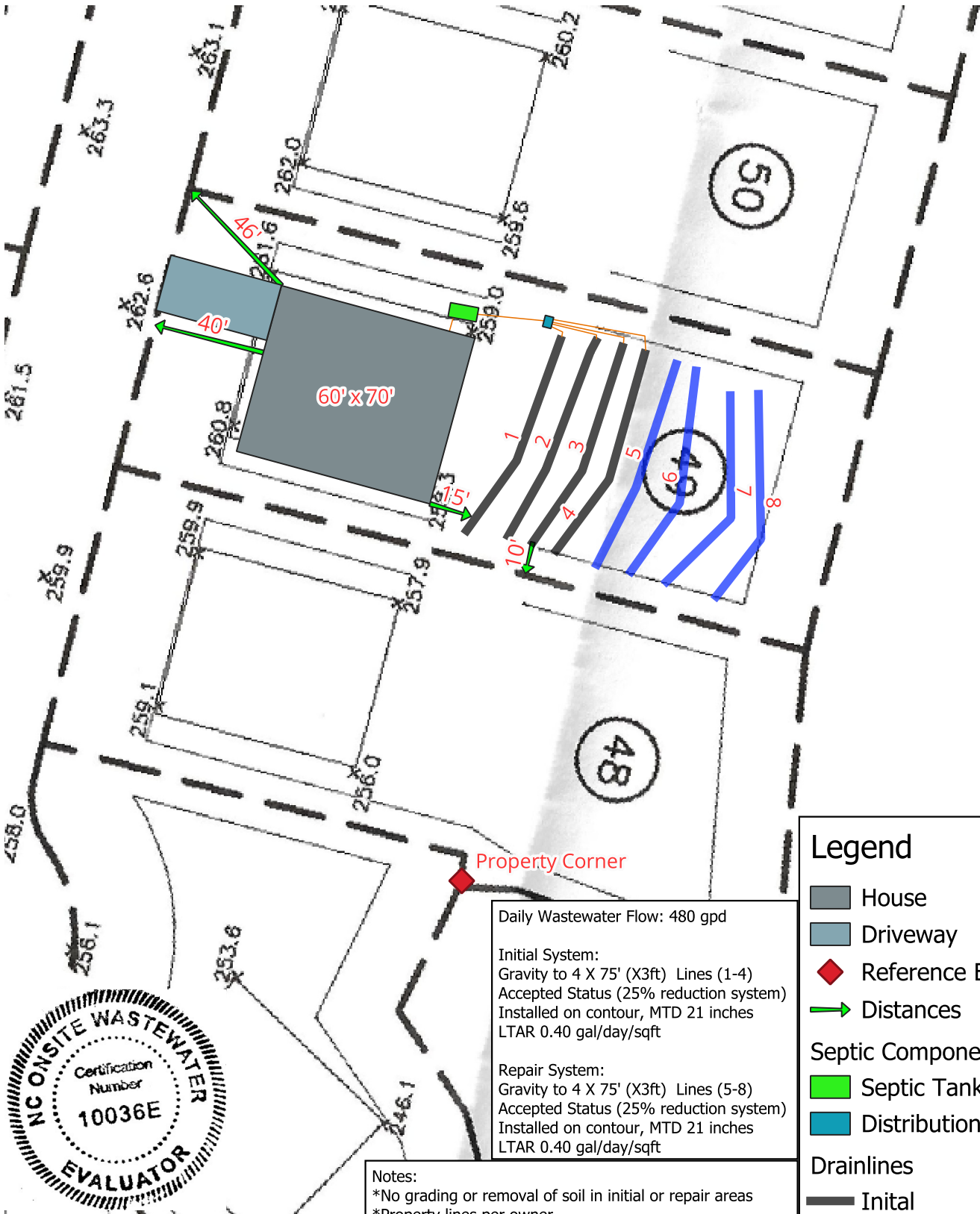
## SPECIFIC REQUIREMENTS

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.



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

Riverfall SD, Ph 2  
Lot 49  
2 August 2024

Figure 2  
Septic Layout  
For reference only. Not a survey.

## AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

## INITIAL WASTEWATER SYSTEM

### Gravity System Design Criteria

**DESIGN DAILY FLOW** 480 gallons

**SOIL LTAR:** 0.40 gpd/ft<sup>2</sup>

**TANK (minimum)** Septic Tank: 1000 gallons

**SUPPLY LINE**      Length (ft): 25      Diameter: 3 " sch 40 pvc  
                                  slope = 5.92%      \*minimum slope of supply line is 1/8" per foot (%1.04)

| TRENCHES                                                            |                            | Drainline Type: <u>Accepted (25% reduction) System</u> |               |
|---------------------------------------------------------------------|----------------------------|--------------------------------------------------------|---------------|
| Maximum Trench Depth of <u>21</u> inches, measured on downhill side |                            |                                                        |               |
| Trench height:                                                      | <u>12</u> inches           | Trench width:                                          | <u>3</u> ft   |
| Trench Length Factor:                                               | <u>75</u> %                | Effective Trench Width:                                | <u>4</u> ft   |
| Absorption Area:                                                    | <u>900</u> ft <sup>2</sup> | Minimum Linear Length:                                 | <u>300</u> ft |
| Actual Trench Length:                                               | <u>4</u> X <u>75</u> ft =  |                                                        | <u>300</u> ft |

### Gravity Distribution Schematic

*Septic Tank*

*Tank Outlet\**

*D-Box*

*Trench*

Ground

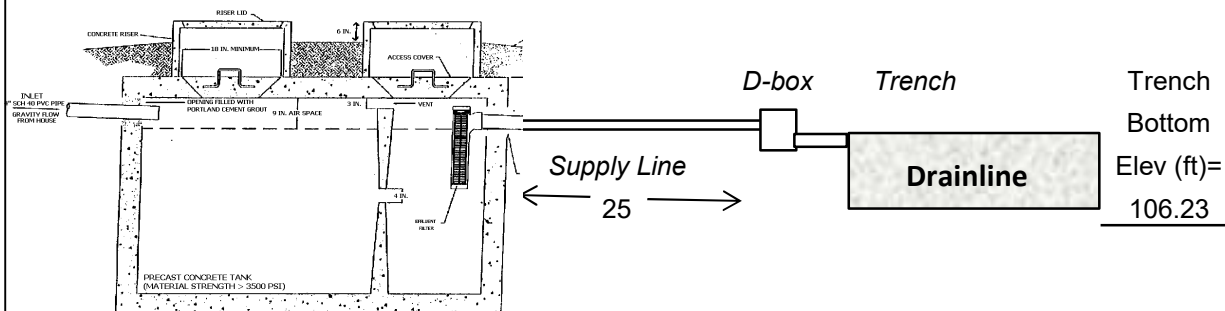
Ground

Elev (ft)=  
110.31 ft

$$\begin{array}{l} \text{Depth (in)} = \frac{18}{\text{Elev (ft)} = 108.81} \end{array}$$

Elev (ft)=  
107.33

Elev (ft)=  
107.98



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.

## AOWE EVALUATION

HAL OWEN ASSOCIATES  
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## REPAIR AREA

## Gravity System Design Criteria

**DESIGN DAILY FLOW** 480 gallons

**SOIL LTAR:** 0.40 gpd/ft<sup>2</sup>

**TANK (min)**                      Septic Tank: 1000 gallons

**SUPPLY LINE**      Length (ft): 70      Diameter: 3 " sch 40 pvc  
                                  slope = 4.99%      \*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: 900 ft<sup>2</sup>

Minimum Linear Length: 300 ft

Actual Trench Length: 4 X

$$\frac{75}{1} \text{ ft} = \frac{300}{4} \text{ ft}$$

## Gravity Distribution Schematic

### Septic Tank

*Tank Outlet\**

*D-Box*

*Trench*

Ground

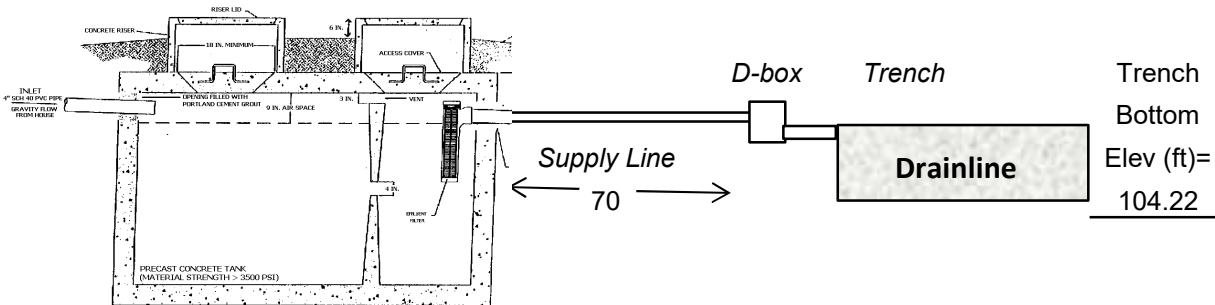
Ground

Elev (ft)=  
110.31 ft

$$\begin{array}{l} \text{Depth (in)} = \frac{18}{\text{Elev (ft)} = 108.81} \end{array}$$

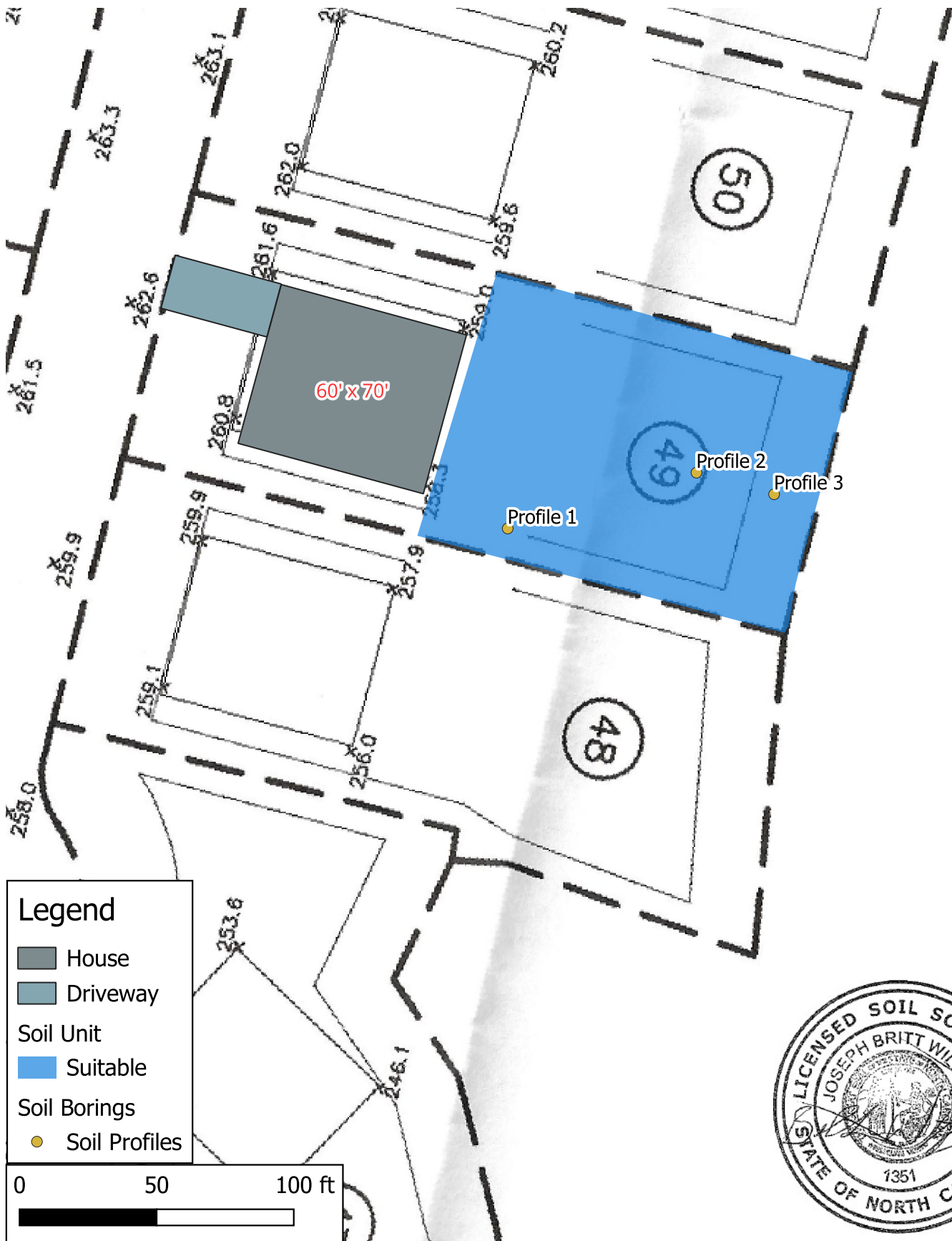
Elev (ft)=  
105.32

Elev (ft)=  
105.97



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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Riverfall SD, Ph 2

Lot 49

5 July 2024

Figure 1

Soil Map for Septic Suitability

For reference only. Not a survey.

## AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

## Soil/Site Evaluation Form for On-Site Wastewater System

|                    |                                                  |                              |                              |
|--------------------|--------------------------------------------------|------------------------------|------------------------------|
| OWNER NAME:        | Mattamy Homes, LLC                               |                              |                              |
| PROPOSED FACILITY: | Residential                                      | DESIGN DAILY FLOW: 480       | WATER SUPPLY Public Water    |
| LOCATION OF SITE:  | 0                                                | PIN: 0                       |                              |
| WASTEWATER TYPE:   | Domestic                                         | COUNTY: Harnett              |                              |
| EVALUATION METHOD: | AUGER BORING <input checked="" type="checkbox"/> | PIT <input type="checkbox"/> | CUT <input type="checkbox"/> |
| EVALUATED BY:      | Britt Wilson, LSS#1351                           |                              | DATE EVALUATED: 6/3/24       |

|                     |                                       |                                       |
|---------------------|---------------------------------------|---------------------------------------|
|                     | INITIAL SYSTEM                        | REPAIR SYSTEM                         |
| AVAILABLE SPACE     | 900 ft <sup>2</sup> trench bottom     | 900 ft <sup>2</sup> trench bottom     |
| SYSTEM TYPE         | Accepted (25% reduction) System       | Accepted (25% reduction) System       |
| SITE LTAR           | 0.40 gpd/ft <sup>2</sup>              | 0.40 gpd/ft <sup>2</sup>              |
| 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 |      |
|------------------------|----------|-------------|-----------------|--------------------------|-------------|-----------------------|------|
| 0-5                    | 10YR 5/3 | VFR         | LS              | GR                       | SEXP        | LANDSCAPE POSITION    | L    |
| 5-26                   | 10YR 7/3 | VFR         | LS              | GR                       | SEXP        | SOIL WETNESS DEPTH    | >48" |
| 26-30                  | 10YR 6/4 | FR          | SL              | GR                       | SEXP        | SOIL WETNESS COLOR    |      |
| 30-48                  | 10YR 6/6 | FR          | SCL             | SBK                      | SEXP        | SOIL DEPTH            | 48"  |
|                        |          |             |                 |                          |             | SAPROLITE CLASS       | NA   |
|                        |          |             |                 |                          |             | RESTRICTIVE HORIZON   | NA   |
|                        |          |             |                 |                          |             | SLOPE %               | 3    |
| PROFILE CLASSIFICATION |          |             | <b>Suitable</b> | LTAR gpd/ft <sup>2</sup> | <b>0.45</b> | SLOPE CORRECTION (IN) | 1.1  |
| COMMENT                |          |             |                 |                          |             |                       |      |

## PROFILE 2

| HORIZON DEPTH          | COLOR    | CONSISTENCE | TEXTURE  | STRUCTURE                | MINERALOGY | OTHER PROFILE FACTORS |      |
|------------------------|----------|-------------|----------|--------------------------|------------|-----------------------|------|
| 0-5                    | 10YR 5/3 | VFR         | LS       | GR                       | SEXP       | LANDSCAPE POSITION    | L    |
| 5-23                   | 10YR 6/4 | VFR         | LS       | GR                       | SEXP       | SOIL WETNESS DEPTH    | >48" |
| 23-48                  | 10YR 6/6 | FI          | SCL      | SBK                      | SEXP       | SOIL WETNESS COLOR    |      |
|                        |          |             |          |                          |            | SOIL DEPTH            | 48"  |
|                        |          |             |          |                          |            | SAPROLITE CLASS       | NA   |
|                        |          |             |          |                          |            | RESTRICTIVE HORIZON   | NA   |
|                        |          |             |          |                          |            | SLOPE %               | 5    |
| PROFILE CLASSIFICATION |          |             | Suitable | LTAR gpd/ft <sup>2</sup> | 0.4        | SLOPE CORRECTION (IN) | 1.8  |
| COMMENT                |          |             |          |                          |            |                       |      |

# AOWE EVALUATION

HAL OWEN ASSOCIATES  
www.halowensoil.com

## PROFILE 3

| HORIZON<br>DEPTH       | COLOR    | CONSIS<br>TENCE | TEXTURE         | STRUCTURE                | MINERA<br>LOGY | OTHER PROFILE FACTORS |          |
|------------------------|----------|-----------------|-----------------|--------------------------|----------------|-----------------------|----------|
| 0-7                    | 10YR 5/3 | VFR             | LS              | GR                       | SEXP           | LANDSCAPE POSITION    | L        |
| 7-16                   | 10YR 6/4 | VFR             | LS              | GR                       | SEXP           | SOIL WETNESS DEPTH    | 35"      |
| 16-20                  | 10YR 5/4 | VFR             | SL              | GR                       | SEXP           | SOIL WETNESS COLOR    | 10YR 7/1 |
| 20-48                  | 10YR 6/6 | FI              | SCL             | SBK                      | SEXP           | SOIL DEPTH            | 48"      |
|                        |          |                 |                 |                          |                | SAPROLITE CLASS       | NA       |
|                        |          |                 |                 |                          |                | RESTRICTIVE HORIZON   | NA       |
|                        |          |                 |                 |                          |                | SLOPE %               | 9        |
| PROFILE CLASSIFICATION |          |                 | <b>Suitable</b> | LTAR gpd/ft <sup>2</sup> | <b>0.4</b>     | SLOPE CORRECTION (IN) | 3.2      |
| 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         | II                        | SL - Sandy Loam         | 0.8 – 0.6                  |
| D - Depression            |                           | L - Loam                |                            |
| DW - Drainage Way         | III                       | SCL - Sandy Clay Loam   | 0.6 – 0.3                  |
| FP - Flood Plain          |                           | CL - Clay Loam          |                            |
| FS - Foot Slope           |                           | SiL - Silt Loam         |                            |
| H - Head Slope            |                           | Si - Silt               |                            |
| L - Linear Slope          |                           | SiCL - Silt Clay Loam   |                            |
| N - Nose Slope            | IV                        | SC - Sandy Clay         | 0.4 – 0.1                  |
| R - Ridge                 |                           | C - Clay                |                            |
| S - Shoulder Slope        |                           | SiC - Silty Clay        |                            |
| T - Terrace               |                           | O - Organic             | none                       |
| TS - Toe Slope            |                           |                         |                            |
| <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      | <b>MINERALOGY</b>         | SP - Slightly Plastic   |                            |
| PL - Platy                | SEXP - Slightly Expansive | MP - Moderately Plastic |                            |
| PR - Prismatic            | EXP - Expansive           | VP - Very Plastic       |                            |
| <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.