

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: Troy Victoria Bott (Drew Erickson - Builder)									
Name: Drew Erickson									
Mailing address: 835 Johnsonville School Road City: Cameron State: NC Zip: 28326									
Phone: 910-403-1973 Email: samantha@ericksonhomesnc.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									
Filolic. 919-414-0701 Email. alexadams@bcson.com									
Site Location Information: 835 Johnsonville School Road									
Site address: 835 Johnsonville School Road - Cameron, NC 28326									
Tax parcel identification number or subdivision lot, block number of property: PIN# 9566-75-0923									
County: Harnett									
System Information: Accepted Status									
Wastewater System Type: Type III (g)									
Daily Design Flow: 240 gallons/day Saprolite System: YesX No Subsurface Operator Required: YesX No									
Water Supply Type:Private WellX_Public Water Supply SpringOther:									
Facility Type:									
X_Residential 2_# Bedrooms 4_ Maximum # of Occupants									
Business Type of Business and Basis for Flow:									
Public Assembly Type of Public Assembly and Basis for Flow:									
Requird Attachments:									
x_Plat_or_Siteplan									
x Evaluation of Soil and Site Features by Licensed Soil Scientist									
Attest: On this the 20th Day of October 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 20th day of October 2030.									
Signature of Authorized Onsite Wastewater Evaluator:									
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:									

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

alexadams@bcsoil.com

October 20, 2025 Project #2253

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

RE: 835 Johnsonville School Road – Cameron, NC - 2-bedroom Single Family Residence for Troy Edward Bott and Victoria Charlotte Bott (Harnett County PIN#9566-75-0923)

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 240 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 240 gallons/day and utilizing Accepted Status system for the initial and a PPBPS (T&J Panel Block – 50% Reduction) 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





835 Johnsonville School Road 2-Bedroom Septic Design

Edward Troy Bott & Victoria Charlotte Bott

Harnett County PIN: 9566-75-0923

*Not a Survey

Sketched from a plot plan supplied by owner



*Not to Scale

*At time of evaluation the property was heavily vegetated. Once vegetation clearing is completed an additional visit site visit is required to flag the and mark the drainfield for the septic installer. Design subject to modification by Alex Adams.

System: Gravity to D-Box

Lines: 1-3 (210') 0.35 LTAR

18" Max Trench Bottom Accepted Status System Repair: Gravity to D-Box

Lines: 4-5 (200') 0.35 LTAR

16" Max Trench Bottom Accepted Status System

**1000 Gallon Septic Tank

Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.

- *Do Not Cut, Fill, or Alter Drainfield or Repair Area
- *Comply with all setbacks
- *Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

Adams Soil Consulting 919-414-6761 Job #2253 10 - 20 - 25

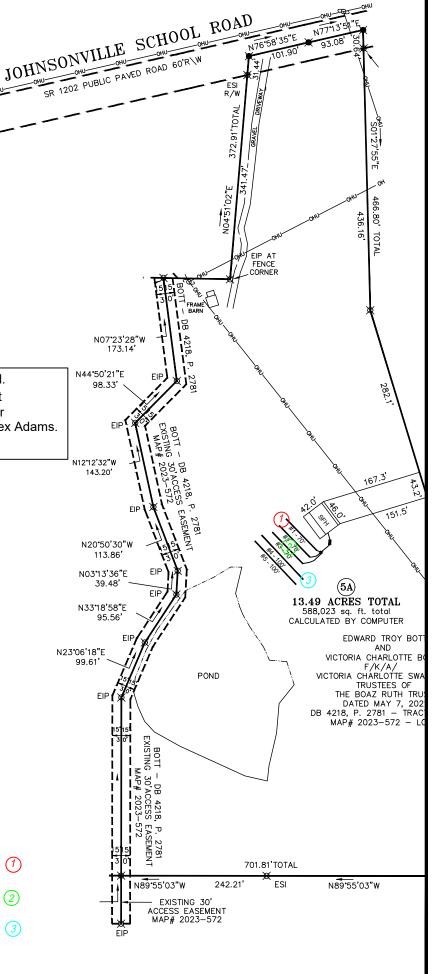
Profile Description #1 See Soil/Site Evaluation Data Form





rofile Description #3 ee Soil/Site Evaluation





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Harnett County PIN: 9566-75-0923

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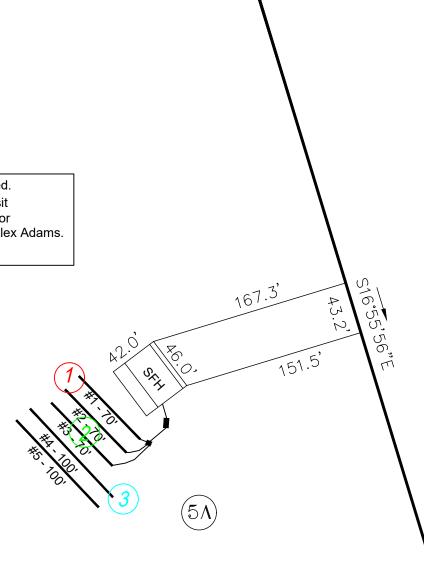
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Adams
Soil Consulting
919-414-6761
Job #2253
10-20-25



Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501

Page <u>1</u> of 1 PROPERTY ID #: 9566-75-0923 COUNTY: Harnett

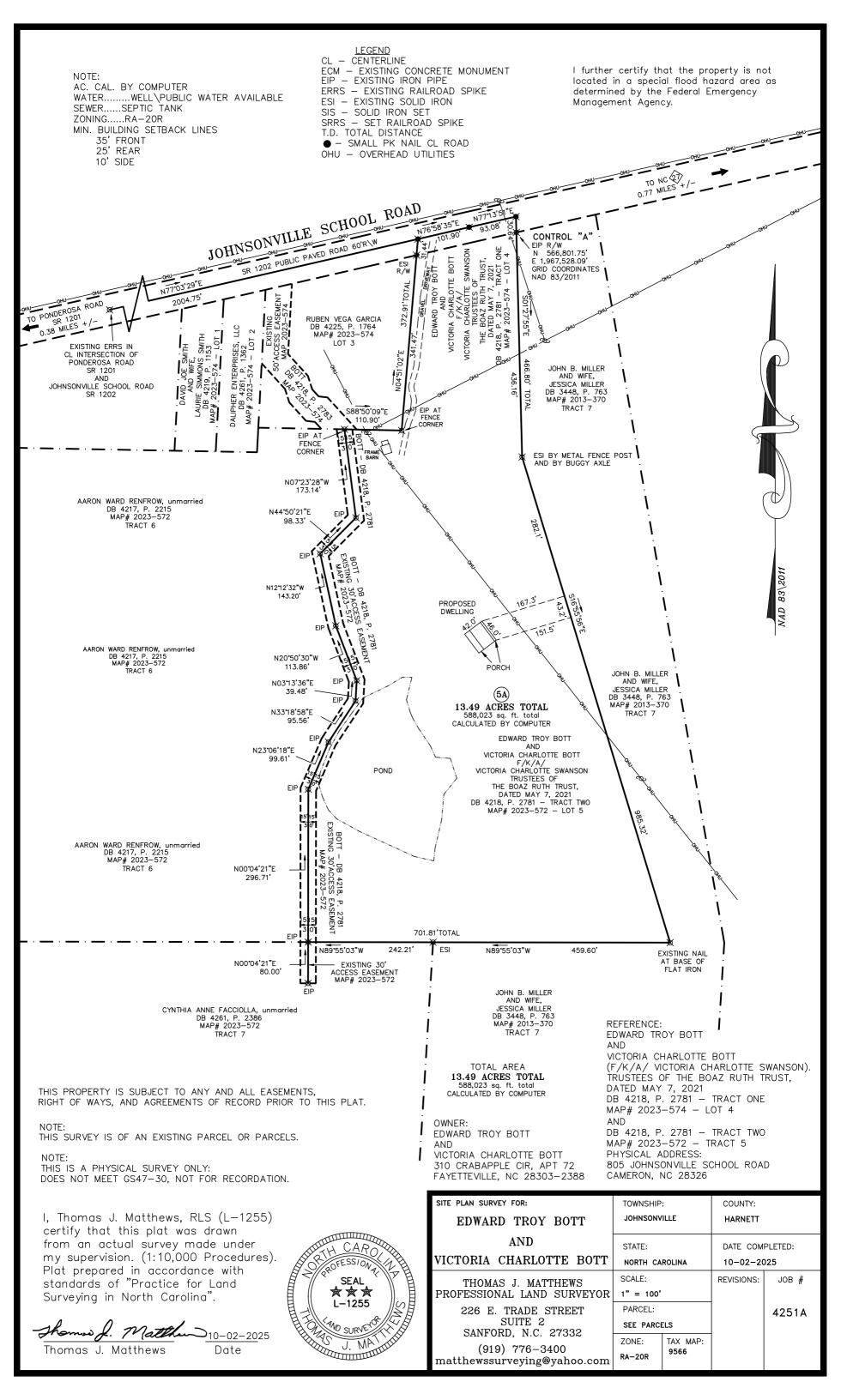
SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (Complete all fields in full) DATE EVALUATED: 10-10-25

OWNER: Erickson Homes		DATE EVALUATED: 10-10-25							
ADDRESS: 835 Johnsonville	e School Road								
PROPOSED FACILITY: SF	H P	ROPOSED DESI	GN FLLO	W (.0400): 240 gpd	PROPERTY SIZE: ~13.5 ac				
LOCATION OF SITE: 835 J	ohnsonville School Roa	ad			PROPERTY RECORDED:				
WATER SUPPLY: Public	Single Family Well	Shared Well	Spring	X- Other Public Well	WATER SUPPLYSETBACK:				

EVAL	UATION METH	OD: X Au	ger Boring Pi	t Cut T	YPE OF WAS	TEWATER	: X Dome	estic Hi	gh Strength	IPWW
P R O F			SOIL MOI	RPHOLOGY	ОТНЕ	R PRO`FII				
I L E	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
1	L/3%	0-31	Gr/SL	VFR,NS,NP,SE XP	N/A	31	N/A	N/A	S/0.6	1"
									7/0 ·	400
	L/3%	0-22	Gr/SL	VFR,NS,NP,SE XP	N/A	32	N/A	N/A	S/0.4	1"
2		22-32	Sbk/scl	Firm/SS,SP						
3	L/3%	0-30	Gr/SL	VFR,NS,NP,SE XP	N/A	30	N/A	N/A	S/0.6	1"
L										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509):
System Type(s)	III(b)	III(b)	EVALUATED BY:
Site LTAR	.4	0.4	OTHER(S) PRESENT:
Maximum Trench Depth	18	16	

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, certificate holder in lieu of such endors	certair	n pol						ghts to the		
PRODUCER					CONTACT Angela Sensenig					
Wade Associates, LLC					, Ext): (252)		FAX (A/C, No): (2	52)649-2443		
250 Pollock St.				E-MAIL	es. asensen:	ig@wadeict				
250 TOTTOCK BC.				E-MAIL ADDRESS: asensenig@wadeict.com INSURER(S) AFFORDING COVERAGE NAIC #						
New Bern NC 28	560			INSURE	RA: Lloyd's			A1122		
INSURED				INSURE		or rondo		11222		
Alex Adams, DBA: Adams Soil Cor	sult	ing		INSURE						
1676 Mitchell Rd.		_		INSURE						
				INSURE						
Angier NC 27	501			INSURE						
COVERAGES CEF	TIFIC	ATE	NUMBER: 25-26	INCORL			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH FROM	JIREMI TAIN, T	ENT, ' 「HE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	TRACT OR OTH LICIES DESCRI	HER DOCUMEI BED HEREIN I	NT WITH RESPECT TO WHICH	H THIS		
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED	i		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	i		
							MED EXP (Any one person) \$	1		
							PERSONAL & ADV INJURY \$	1		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	<u> </u>		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
OTHER:	+						COMBINED SINGLE LIMIT			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
HIRED AUTOS AUTOS							(Per accident)			
UMBRELLA LIAB OCCUB	+						\$			
EVOTOD LIAD COCCUR							EACH OCCURRENCE \$			
GEAIWIO-IVIADE	1						AGGREGATE \$			
DED RETENTION \$ WORKERS COMPENSATION	+						PER OTH- STATUTE ER	i		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR (TARTHER) (SYECUTIVE										
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
DÉSCRIPTION OF OPERATIONS below	+									
A Errors & Omissions			PSN0040221161		1/31/2025	1/31/2026	Each Occurrence General Aggregate		00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO)RD 10	l 1, Additional Remarks Schedule, m	ay be atta	Lached if more space	ce is required)	L			
CERTIFICATE HOLDER				CANCELLATION						
FOR INFORMATIONAL PURPOSES ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				AUTHORIZED REPRESENTATIVE						
XXXXXXXXXXXXXXXX				N Whitsett/RACHEL						

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