

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

	non of Repair Area
Owner or Legal Representative Information: Bradley and Elsa Stevens Name: Bradley and Elsa Stevens Mailing address: 10 Henschel Ln City: Boradway State: NC Zip: 27505 Phone: 910-578-7225 Email: j.dlc1969@gmail.co	om
Authorized Onsite Wastewater Evaluator Information: Name: Alex Adams Certification #: AOV Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 2750 Phone: 919-414-6761 Email: alexadams@bcsoil.com	
Site Location Information: Cool Springs Road (10 Henschel Ln) Site address: Cool Springs Road: Broadway, NC 27505 Tax parcel identification number or subdivision lot, block number of property: PIN# 061 County: Harnett	11-57-0445
System Information: Accepted Status Wastewater System Type: Type III (g) Daily Design Flow: 240 gallons/day Saprolite System:YesXNo	YesXNo Other:
Facility Type: X_Residential2 # Bedrooms4 Maximum # of Occupants Business	
Requird_Attachments:xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist	
Attest: On this the 27th Day of October 2025 by signature below I hereby attest that the ir included with this NOI to Construct is accurate and complete to the best of my knowledg that I have adhered to the laws and rules governing onsite wastewater systems in the state. This NOI shall expire on 27th day of October 2030. Signature of Authorized Onsite Wastewater Evaluator:	ge. Furthermore, I hereby attest
Disclosure: The owner may apply for a building permit for the project upon submitting a required (if any) to the local health department. An onsite wastewater system authorized evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater.	by an authorized onsite wastewater
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 27, 2025 Project #3103

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

RE: 10 Henshel Ln (Cool Springs Road) – Broadway, NC - 2-bedroom Single Family Residence for Juan Delacruz (Harnett County PIN#0611-57-0445)

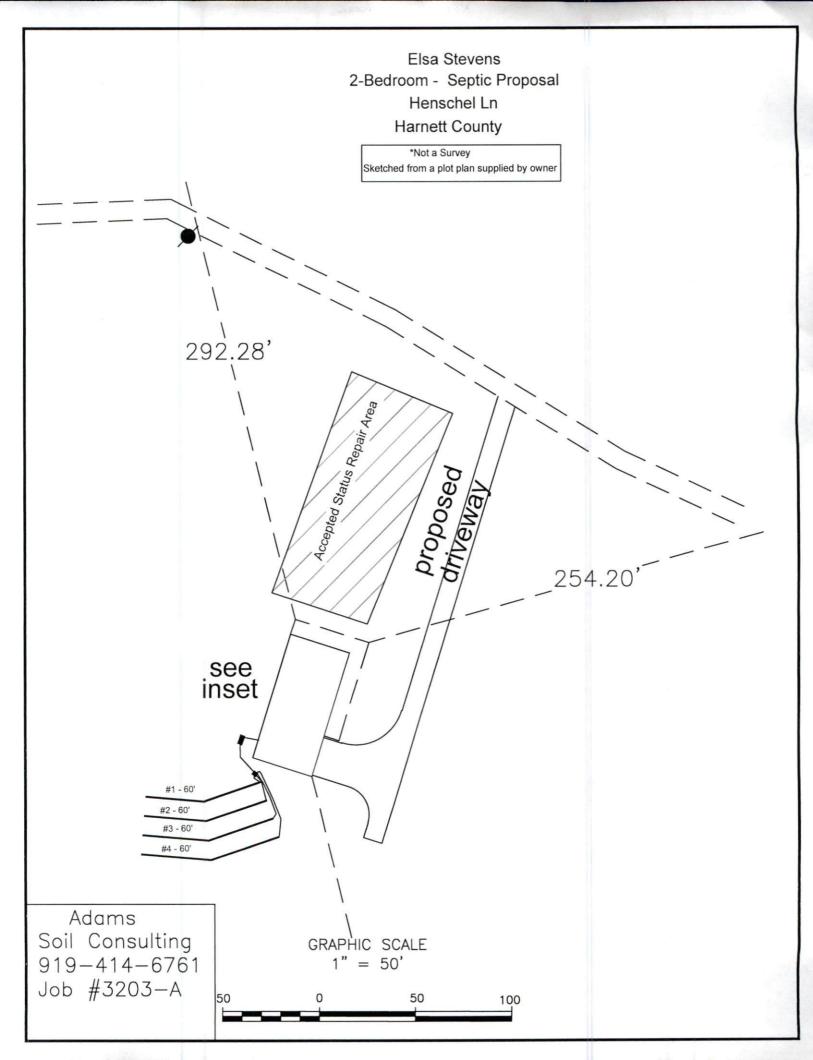
To whom it may concern:

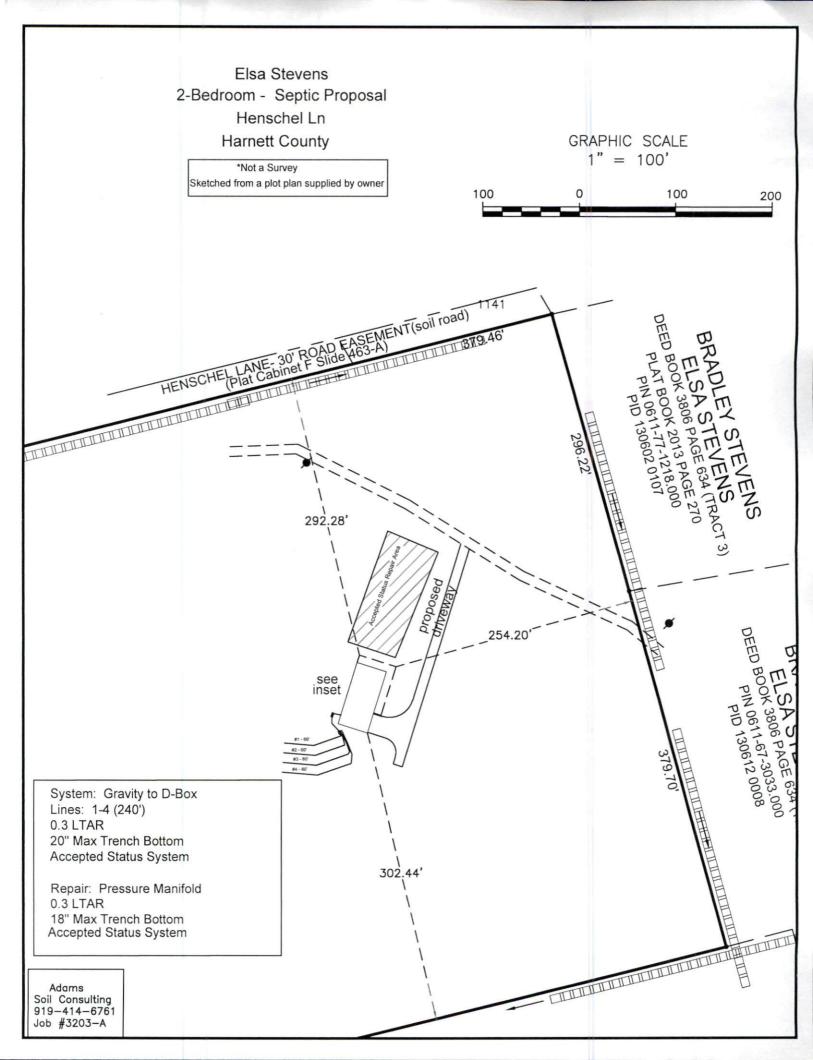
Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions 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.

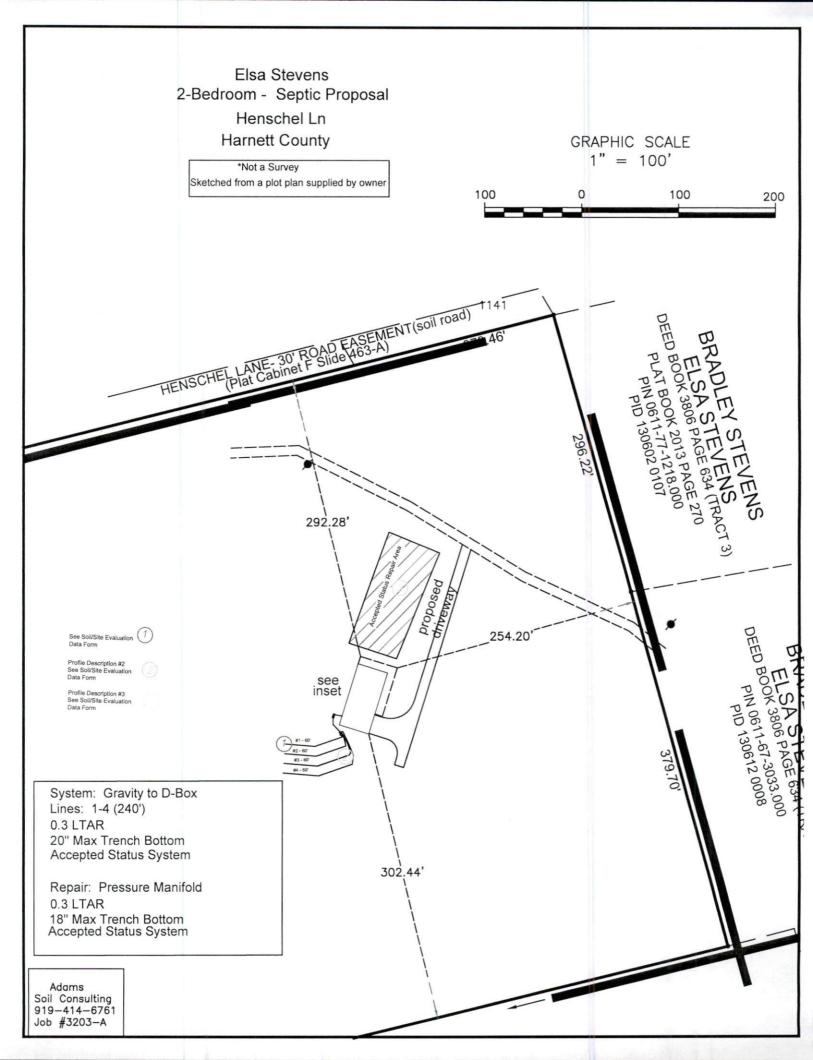
The suitable soils found on the subject property were somewhat variable in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

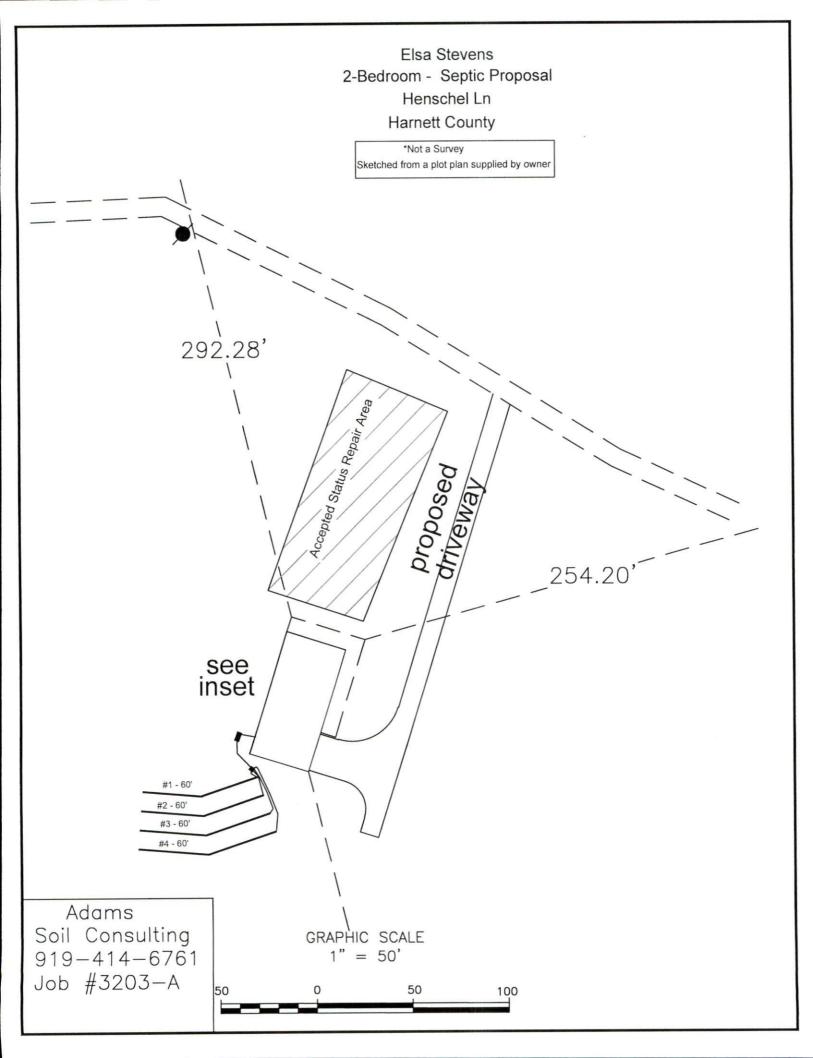
The initial and primary septic fields for the new home were sized based on a flow rate of 240 gallons/day and utilizing Accepted Status system for the initial and a PPBPS (T&J Panel Block – 50% Reduction) repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result 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.

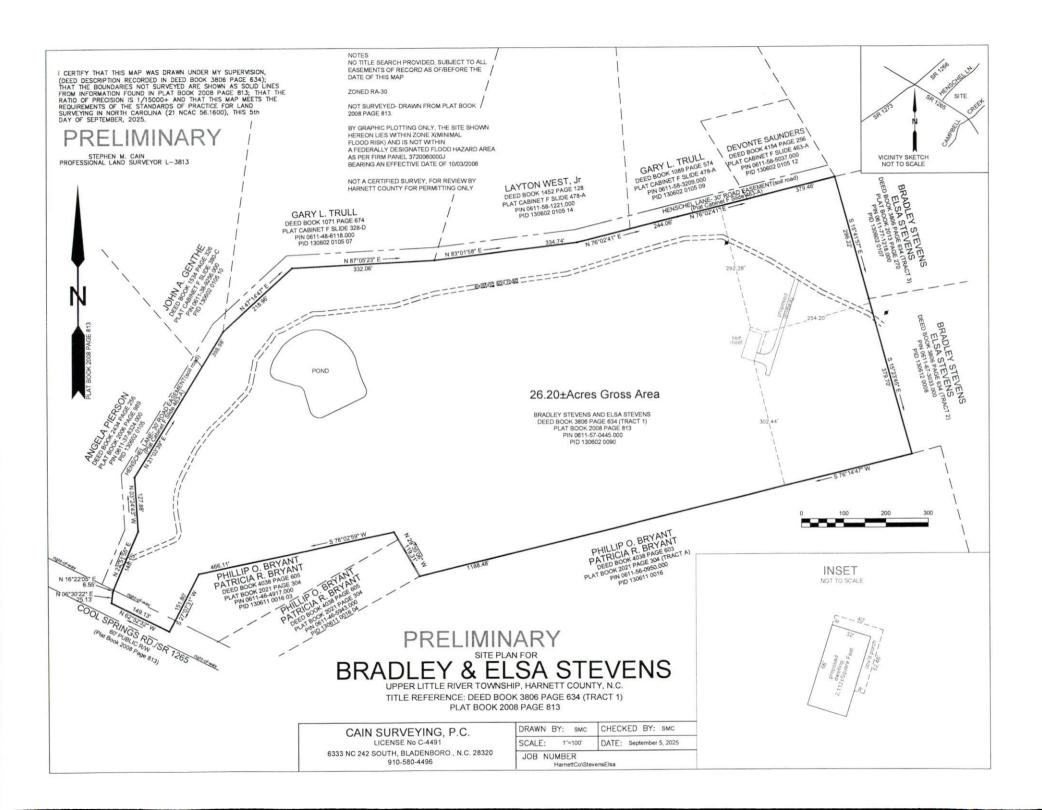
Sincerely,

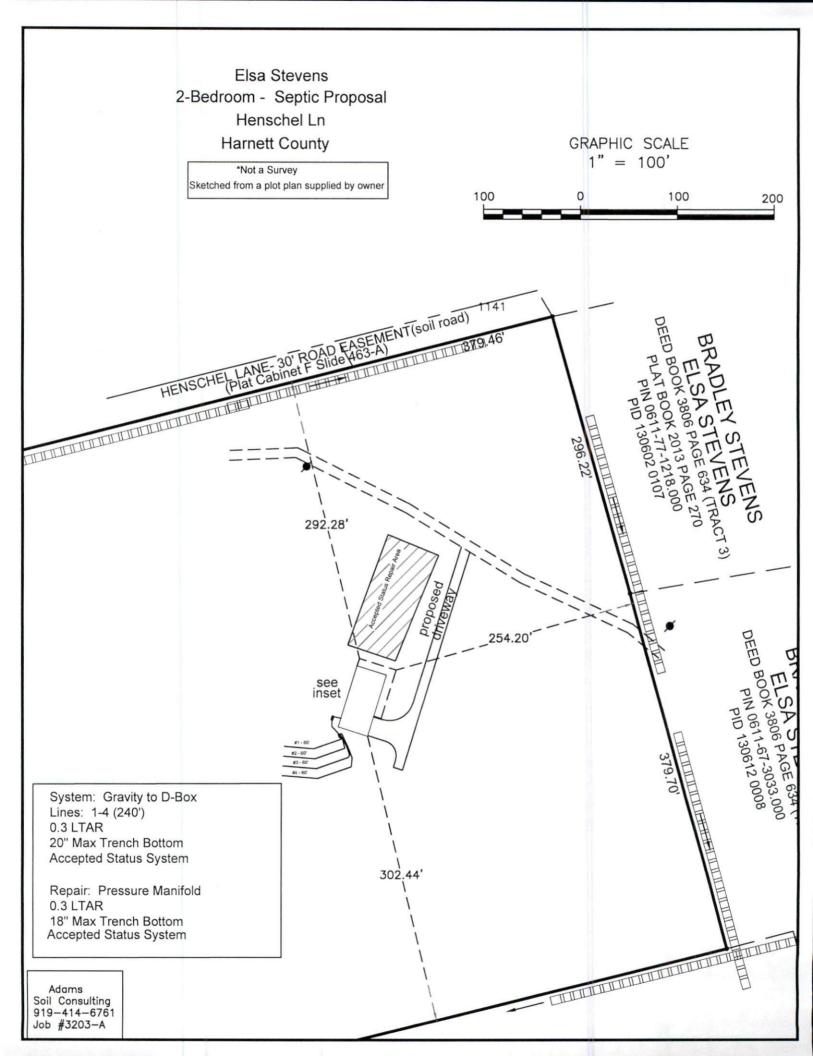
Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E









Page 1 of 1 0611-57-0445 COUNTY: Harnett

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

	R: Erickson	Homes	SOLISTIE	(Complete all f				E EVALU	ATED: 3/17	/2025
ADDRESS: ROPOSED FACILITY: Single Family 2 BR PROPOSED DESIGN FLOW (.0400): 240 gpd PROPERTY SIZE: 26.09 acres OCATION OF SITE: 10 Henschel Ln. Broadway NC 27505 PROPERTY RECORDED: Y									Υ	
			gle Family Well er Boring	☐ Shared Well ☐ ☐ Cut TYI	Spring □ Oth PE OF WASTE					
P R O F			SOIL MO	RPHOLOGY	отне	R PROFIL	E FACTO	ORS		
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
		0-6	GR/LS	VFR,SEXP,NS		36"	N.O	N.O	P.S .3	2
	Linear 5%	6-36	SBK/C	FI,SEXP,S	N.O					
1					14.0					
		0-8	GR/LS	VFR,SEXP,NS			N.O	N.O	P.S .3	2
	Linear 5%	8-36	SBK/C	FI,SEXP,S						
2					N.O	36"				
	Linear	0-12	GR/LS	VFR,SEXP,NS		34		N.O	U/P.S .3	2"
		12-34	SBK/C	FI,SEXP,S	NO					
3	5%				N.O					
-										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509): U/P.S
System Type(s)	III G	III G	EVALUATED BY: Bobby Weaver/Alex Adams
Site LTAR	.3	.3	OTHER(S) PRESENT:
Maximum Trench Depth	20"	20"	
Comments:			

NCDHHS/DPH/EHS/OSWP



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).											
PRODUCER					CONTACT Angela Sensenig						
Wade Associates, LLC					PHONE (252) 631 - 5260 FAX (25				(252) 649	-2443	
250 Pollock St.					E-MAIL	· CXU.		(A/C, No):	2		
					E-MAIL ADDRESS: asensenig@wadeict.com INSURER(S) AFFORDING COVERAGE NAIC #						
New Bern	NC 285	NC 28560					s of Londo		2 007210102		
INSURED				INSURER B:							
Alex Adams, DBA: Adams	Soil Con	Soil Consulting			INSURER C:						
1676 Mitchell Rd.				INSURER D:							
				INSURER E :							
Angier	NC 27501			INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 25-26			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	E	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	FF POLICY EXP (YY) (MM/DD/YYYY) LIMITS				
COMMERCIAL GENERAL LIA	ABILITY							EACH OCCURRENCE	\$		
CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES	S PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:								COMPINED CINICI E LIMIT	\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO ALL OWNED SCH	HEDULED							BODILY INJURY (Per person)			
AUTOS AUT	TOS N-OWNED	os I I I						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
	TOS							(Per accident)	\$		
UMBRELLA LIAB											
EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$		
	CLAIMS-MADE	1						AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION	_							PER OTH-	9		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECT	UTIVE Y/N	1						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS be	elow							E.L. DISEASE - POLICY LIMIT	\$		
A Errors & Omissions				PSN0040221161		1/31/2025	1/31/2026	Each Occurrence		\$1,000,000	
								General Aggregate		\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER			CANO	ELLATION							
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					N Whitsett/RACHEL N Pal W						