



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: D.R. Horton Inc.

Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State: N Zip: 2756

Phone: 919.760.9668 Email: mrlee@drhorton.com

Authorized Onsite Wastewater Evaluator Information:

Name: Thomas Boyce, LSS, AOWE Certification #: 10006E

Mailing address: PO Box 865 City: West End State: N Zip: 2737

Phone: (910)295-1899 Email: info@owpnc.com

Site Location Information:

Site address: Lot 18- Masons Ridge -TBD Nursery Rd Spring Lake , NC 28390

Tax parcel identification number or subdivision lot, block number of property: Part of 0505-15-3556

County: Harnett

System Information:

Wastewater System Type: III(b)(g)- Accepted

Daily Design Flow: 480

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 11 day of October, 2023 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 11 day of October, 2028.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce

Signature of Owner or Legal Representative: Robert C. Stuart

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: \_\_\_\_\_



#### AOWE/SL2022-11 Permit Requirements

- Pre-construction conference with septic contractor required before beginning installation.
- It is the responsibility of the contractor to contact the AOWE prior to installation.
- Systems shall not be installed in wet conditions or the permit will be revoked.
- Any changes to the proposed plans must be approved by the AOWE.
- The client/owner is responsible for marking any property lines and corners.
- Do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the designated septic area or repair area. These activities may void your permit.
- The contractor is responsible for ensuring that the septic system is installed in the proper location and that all setbacks are met. See NCAC 18A . 1950 for setback requirements. The contractor is responsible for ensuring that the septic system is installed in accordance with local rules in counties where this is applicable.
- The system installation must be inspected by the local health department at certain stages during the installation.
- For systems with pumps, the contractor is responsible for the proper installation of the electrical components. An electrical permit must be obtained and a person with a valid NC Electrical license must provide electrical service to the pump controller and alarm.
- This permit shall become invalid and/or may be revoked if the site is altered. There shall be no grading, cutting, logging or other soil disturbance in the septic area. Design does not guarantee functionality or future performance.
- The contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water. After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken areas, stabilization, and final landscaping of the ground surface. No heavy equipment or vehicular traffic over the leach field.
- Installer to re-establish field layout prior to pre-construction conference for initial and repair systems as applicable.
- Tanks must be leak tested by the manufacturer.
- Installer must be certified by NCOWCICB at appropriate grade level for system.
- Installer must carry adequate general liability insurance.

#### Additional Requirements:

#### Maintenance Requirements:

System should be maintained in accordance with NCAC 18A .1961 -  
The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

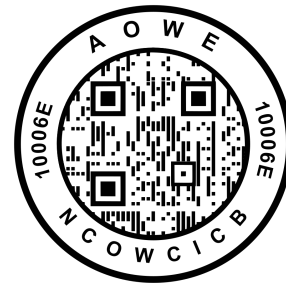
#### Owner/Client Acknowledgement of Permit Requirements

*Robert C. Stuart*

Owner Signature

03 / 08 / 2024

Date





## Lot 18- TBD Nursery Rd

Long	-78.98932733288530	-78.98912033319610	-78.9898173333301
Lat	35.27841749999640	35.278644166886100	35.278777666660910
Boring_Typ	Conv	Conv	Conv
Depth_of_U	36	36	36
LTAR	0.6	0.8	0.6
Slope	6	6	6
Notes	0-26 LS 26-36 SCL	0-36 LS	0-26 LS 26-36 SL
Septic_Tank_Capacity	1,000 Gallon		
Pump_Tank_Capacity	1,000 Gallon		
Initial_System_Type	Accepted		
Line_Length_Initial	267'		
Max_Depth_Initial	24"		
Repair_System_Type	PPBPS (Horizontal)		
Line_Length_Repair	177'		
Max_Depth_Repair	24"		
Distribution_Method	Serial		
Initial_LTAR	0.45		
Repair_LTAR	0.45		
GPD	480GPD - 4-Bedroom		





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/06/2023

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	Terry Riney Agency, Inc. 11 Trotter Hills Circle Pinehurst NC 28374-7930	CONTACT NAME:	Kelli R. Starr		
		PHONE (A/C, No., Ext):	(910)295-1121	FAX (A/C, No.):	(910)295-8980
		E-MAIL ADDRESS:	kelli@rineyagency.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED	Marlin Wastewater Services, LLC P.O. Box 865 West End NC 27376-	INSURER A:		Erie Insurance Company	26263
		INSURER B:		Erie Insurance Exchange	26271
		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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Q61-0188942	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Q61-0188942	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			Q31-0173849	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Q91-0104617	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractor's Errors & Omissions			Q61-0188942	07/01/2023	07/01/2024	Each Occurrence 1,000,000 Aggregate 1,000,000 Deductible 1,000

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

Septic tank repair and service

## CERTIFICATE HOLDER

## CANCELLATION

AI 001118

XXXXXXXXXXXX  
Sample Certificate  
XXXXXXXXXXXX

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

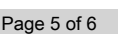
Kelli R. Starr

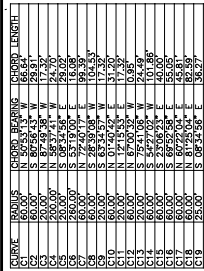
Fax: ( ) -

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ACORD 25 (2014/01)

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# Signature Certificate

Reference number: CHVVV-MNCHN-BN3XJ-B4KCM

## Signer

Email: rcstuart@drhorton.com

Sent:

Viewed:

Signed:

## Timestamp

07 Mar 2024 20:42:42 UTC

08 Mar 2024 14:50:44 UTC

08 Mar 2024 14:51:56 UTC

## Signature

*Robert C. Stuart*

## Recipient Verification:

✓Email verified

08 Mar 2024 14:50:44 UTC

IP address: 66.57.238.178

Location: Morrisville, United States

Document completed by all parties on:

08 Mar 2024 14:51:56 UTC

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