



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: 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 #40 (Magnolia Acres) 272 White Magnolia Ln - Fuquay-Varina NC 27501

Tax parcel identification number or subdivision lot, block number of property: PIN# 0633-03-6268

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (b)

Daily Design Flow: 480 gallons/day

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 Siteplan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 3rd day of November 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 3rd day of November 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

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 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: _____

272 White Magnolia Ln
Lot #40 Magnolia Acres
Caruso Builders
Harnett County PIN: 0630-03-6268
480 gallon/day Septic Design

*Not a Survey
Sketched from a plot plan supplied by owner

System: Pressure Manifold
Lines: 4-6 (405')
0.3 LTAR
18" Max Trench Bottom
Accepted Status System
Repair: Pressure Manifold
Lines: 1-3, 7 (300')
0.35 LTAR
18" Max Trench Bottom
PPBPS

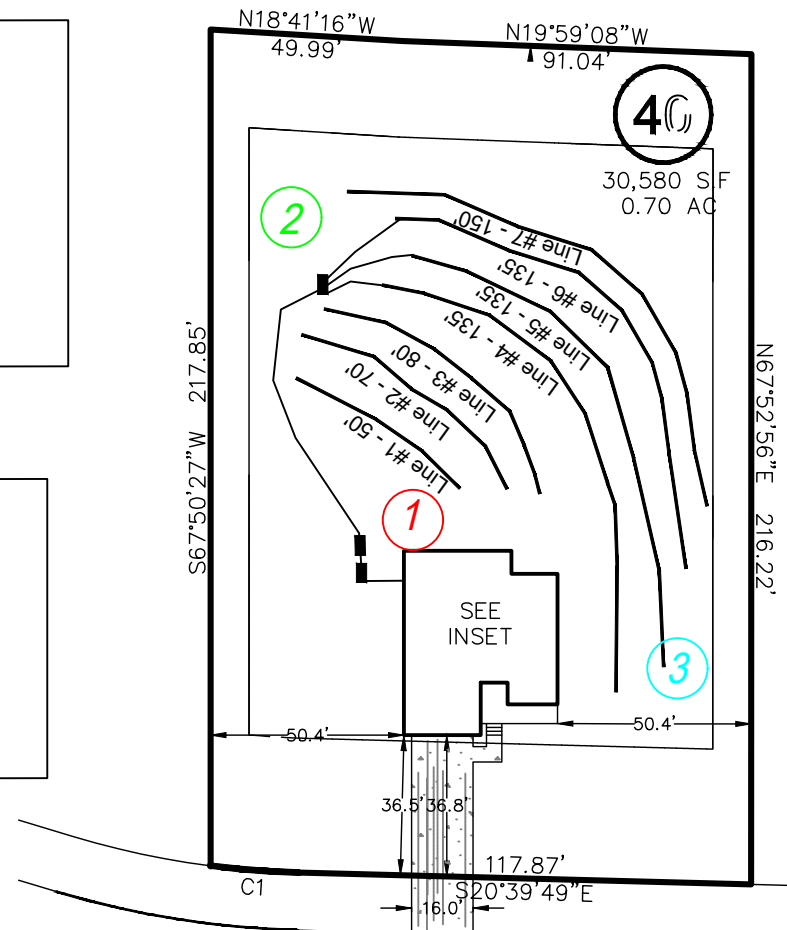
**1000 Gallon Septic and Pump Tanks
Tank and trenches to be located minimum of 10'
from any property line and minimum of 5'
from any building foundation.
*Do Not Cut, Fill, or Alter Drainfield or Repair Area
*Comply with all setbacks
*Contact local health dept. and/or Alex Adams prior to
or during installation with any questions or concerns.

① Profile Description #1
See Soil/Site Evaluation
Data Form

② Profile Description #2
See Soil/Site Evaluation
Data Form

③ Profile Description #3
See Soil/Site Evaluation
Data Form

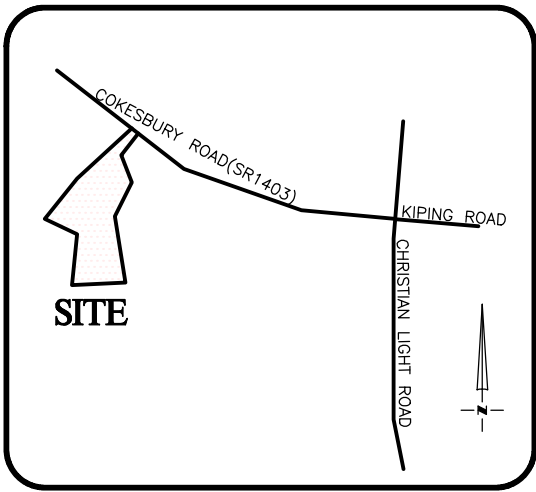
Adams
Soil Consulting
919-414-6761
Job #2110
11-3-25



WHITE MAGNOLIA LANE
50' PUBLIC R/W

GRAPHIC SCALE
1" = 50'

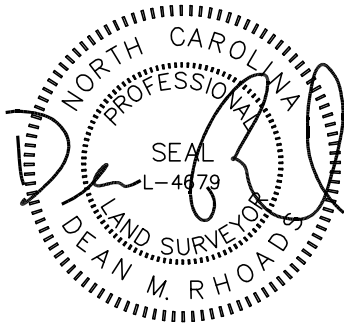




VICINITY MAP
Not To Scale

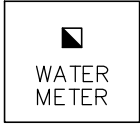
SETBACKS: (ZONE RA-30)

FRONT - 35'
REAR - 25'
SIDE - 10'
CORNER SIDE - 20'

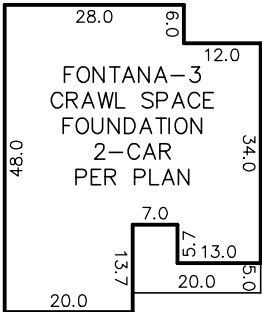


IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	1,788 S.F.
MISC	9 S.F.
DRIVEWAY & WALKS	643 S.F.
TOTAL (PROPOSED)=	2,440 S.F.
*TOTAL (ALLOWED)=	3,850 S.F.

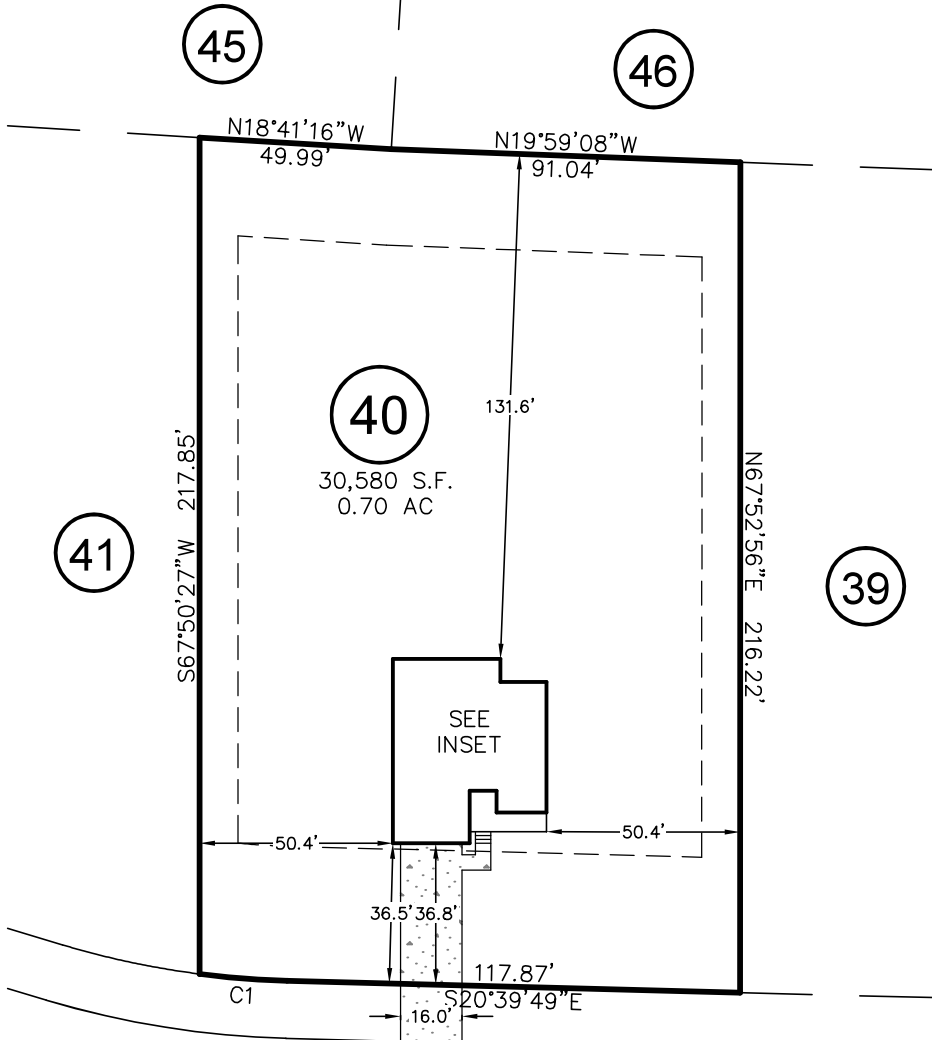
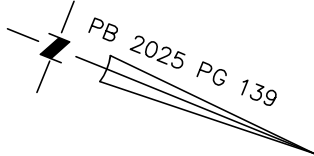
*PB 2025 PG 139



WATER
METER



INSET
N.T.S.



WHITE MAGNOLIA LANE

50' PUBLIC R/W

CURVE	RADIUS	ARC LENGTH	CH LENGTH	CH BEARING
C1	225.00'	22.96'	22.95'	N17°44'23"W

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT
REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES



SCALE: 1" = 50'

**RESIDENTIAL
LAND SERVICES, PLLC.**

1917 Evans Road
Cary, North Carolina 27513
Phone (919) 378-9316
Firm License # P-0873

HOUSE LOCATION PLOT PLAN

FOR

#272 WHITE MAGNOLIA LANE

LOT 40, MAGNOLIA ACRES SUBDIVISION

Hectory's Creek Township, Harnett County, North Carolina

PROPERTY OF: CARUSO HOMES

MAP BOOK 2025 PAGE 139 DEED REFERENCE

DRAWN: JWW

SURVEYED: N/A

CHECKED: DMR

DATE: OCTOBER 1, 2025

Adams Soil Consulting, PLLC
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@bcsoil.com

November 3, 2025
Project #2110

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

RE: Magnolia Acres -Lot #40 – 272 White Magnolia Ln. – Fuquay-Varina, NC - 4-bedroom Single Family Residence (PIN# 0633-03-6280)

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 480 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.

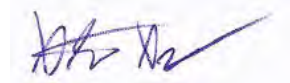
The initial and primary septic fields for the new home were sized based on a flow rate of 480 gallons/day and utilizing Accepted Status system for the initial and a PPBPS repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

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



Caruso Homes

Septic Tank:	1000	gals	Pump Tank:	1000	gals	Sq. Foot:	1215	System Type:	Accepted
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Depth of Trenches: 18 in **Manifold Length:** 36 in

Supply Line: length: 75 ft **Diameter:** 2 in sch 40pvc

Friction Loss + Fitting Loss: 1.61 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft **Elevation Head:** 6 ft

Total Head: 9.61 ft **Pump to Deliver:** 21.33 gals/min at 9.61 ft head

Dosing Volume: 184 gals,

Drawdown: 184 gals divided by 21.4 gals/in = 8.6 inches

TAP CHART

Benchmark	Q	is = 100.00	set at	Design Head:				2			Change in
Pump tank elev.	18	95.00	Pump elev.	90.00			Manifold elev.	1.00		# of Panels	Spacing of
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	(PPBPS)	Panels (in)
4				135	1/2in SCH 40	7.11	160.00	405	0.3951		
5				135	1/2in SCH 40	7.11	160.00	405	0.3951		
6				135	1/2in SCH 40	7.11	160.00	405	0.3951		

Total Feet =	405	gal/min =	21.33
Feet Required =	400	Velocity =	2.04

Total # of Panels (PPBPS)

% of Dose Vol.	70
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Dose Volume 184

Dose Pump Time	8.64
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Drawdown in Inches	8.6
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Comments:

<u>LTAR =</u>	0.3000
(ltar + 5%)	0.3150
(ltar w/25% red)	0.4000
(ltar + 5%)	0.4200

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Carusso Homes
ADDRESS: 841 Magnolia Acres Ln
PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 841 Magnolia Acres Ln
WATER SUPPLY: Public Water
EVALUATION METHOD: Auger Boring

APPLICATION DATE:
DATE EVALUATED: 10-31-25
PROPERTY SIZE: ~1.16 Acres

TYPE OF WASTEWATER: Sewage

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTLSE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/15%	0-36	SBK/C	FR,SS,SP,SEXP	NA	38"	S	N.O	P.S .3
		36-40	GR/SL	VFR,NS,NP,SEXP					
2	Linear Slope/15%	0-31	SBK/C	FR,SS,SP,SEXP	NA	40"	S	N.O	P.S .3
		31-40	GR/SL	VFR,NS,NP,SEXP					
3	Linear Slope/15%	0-26	SBK/C	FR,SS,SP,SEXP	NA	40"	S	N.O	P.S .3
		26-40	GR/SL	VFR,NS,NP,SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III B	Type III B	
Site LTAR	0.3	0.3	

COMMENTS:
Updated February 2014



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 Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 E-MAIL ADDRESS: asensenig@wadeict.com INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (252) 649-2443 NAIC # A1122J
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501		

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, ENDORSEMENTS 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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCC R GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLIC <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCC RRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED E P (Any one person) PERSONAL ADV IN R GENERAL AGGREGATE PROD CTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> AN A TO ALL OWNED A TOS <input type="checkbox"/> Hired A TOS <input type="checkbox"/> SCHED LED A TOS <input type="checkbox"/> NON-OWNED A TOS						COMBINED SINGLE LIMIT (Ea accident) BODIL IN R (Per person) BODIL IN R (Per accident) PROPERT DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED RETENTION						EACH OCC RRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AN PROPRIETOR/PARTNER/EC TIVE OFFICER/MEMBER E CL DED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STAT TE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO EE E.L. DISEASE - POLIC 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

CANCELLATION

FOR INFORMATIONAL PURPOSES ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

N Whitsett/RACHEL

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ACORD 25 (2014/01)

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INS025 (201401)