



**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: Hornet Homes
 Mailing address: 1480 Chapel Ridge Rd. STE 100 City: Apex State: NC Zip: 27502
 Phone: 831-389-2831 Email: cristian@hornethomes.com

Authorized Onsite Wastewater Evaluator Information:
 Name: Jeff Vaughan Certification #: 10003E
 Mailing address: 501 N Salem St, Ste 203 City: Apex State: NC Zip: 27502
 Phone: 919-859-0669 Email: jvaughan@agriwaste.com

Site Location Information:
 Site address: 7628 New Sandy Hill Church Rd. Simms, NC 27880
 Tax parcel identification number or subdivision lot, block number of property: 2763742046
 County: Wilson

System Information:
 Wastewater System Type: Ila
 Daily Design Flow: 480
 Saproliite 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

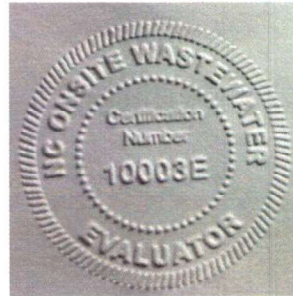
Attest: On this the 15 day of APR, 2025 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.
 This NOI shall expire on 15 day of APR, 2028.
 Signature of Authorized Onsite Wastewater Evaluator: [Signature]
 Signature of Owner or Legal Representative: [Signature]

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: [Signature] Date: 04/25/2025



Agri-Waste Technology, Inc.
501 N Salem Street, Suite 203, Apex, NC 27502
agriwaste.com | 919.859.0669



**Soil Suitability for Domestic Sewage Treatment and Disposal Systems
7628 New Sandy Hill Church Rd. Simms, NC 27880
(Wilson County)**

PREPARED FOR: Hornet Homes c/o Cristian Santiago

PREPARED BY: Jeff Vaughan, Senior Soil Scientist
Brent Purdum, Assistant Soil Scientist

DATE: April 15, 2025

Soil suitability for domestic sewage treatment and disposal systems was evaluated on January 30, 2025, for the property located at 7628 New Sandy Hill Church Rd. Simms, NC. A layout was performed on January 30, 2025. Brent Purdum of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. This evaluation was done to facilitate permitting for a septic system. This report and attached documents were prepared to meet the requirements for an Authorized On-Site Wastewater Evaluator to meet G.S. 130A-336.2

A drawing of the site plan, septic layout, and boring locations is included in Attachment 1. Profile descriptions for each boring are included in Attachment 2. The proposed system is for a 4-bedroom home.

Site Conditions

The total property area is approximately 0.92 acres. The property is an open field. The drawing in Attachment 1 details the property boundaries, house location, boring locations, and layout of drain field trenches (Completed by AWT).

Soil Suitability for Domestic Sewage Treatment and Disposal Systems

Multiple soil borings were assessed on the property. Soil borings were examined to determine soil suitability for on-site sewage disposal systems in accordance with 15A NCAC 18E: Wastewater Treatment and Dispersal Systems. These borings were advanced with a hand auger. All soil borings shown are suitable for a conventional style trench. The proposed LTAR (Long Term Acceptance Rate) by AWT is 0.35 GPD/ft². The soils on this property are group IV soils within the distribution and treatment zone as used to define the LTAR. The maximum trench bottom should not exceed 24”.

Field Layout & System Design

A septic layout was performed to demonstrate available space (.0508). The layout in Attachment 1 indicates there is available space for a four-bedroom primary and repair system utilizing a 25% reduction product for initial and repair. With an LTAR of 0.35 GPD/ft², 343 linear feet of trench is necessary to support a four-bedroom home initial and repair system. The primary system is a gravity fed system. The repair system will be also be a gravity fed system. The attached drawing proves that 720 linear feet of trench can be installed with the proposed home location on the property.

Any disturbances or grading done in the usable soils area may change the potential of using the area designated for a drain field and can result in a revoked permit.

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

Sincerely,

Jeff Vaughan, AOWE

A handwritten signature in black ink, appearing to read "Jeff Vaughan". The signature is stylized and cursive.

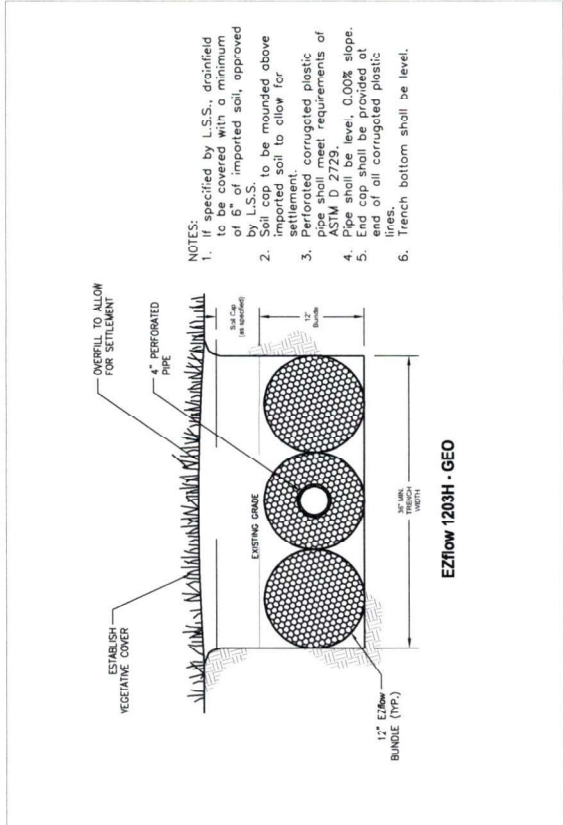
ATTACHMENT 1 Design Specifications



REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
Detail Sheet

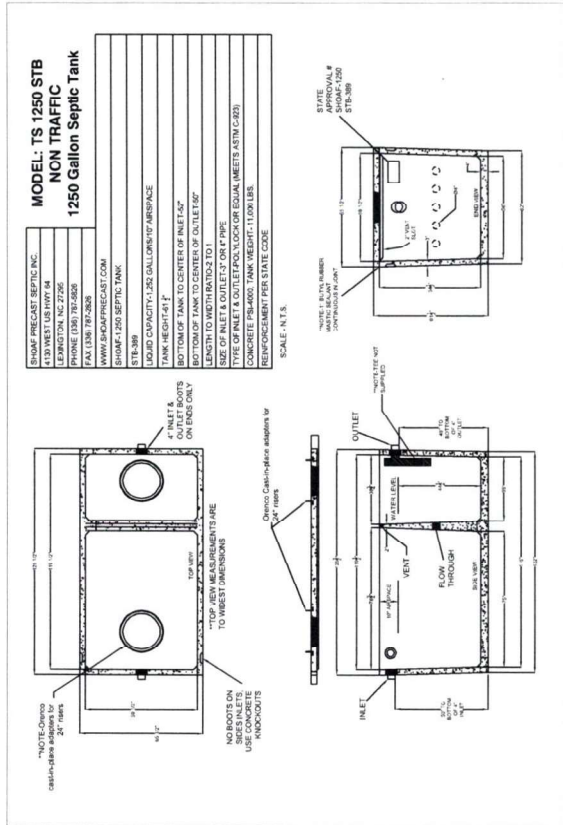
DRAWN BY:	CREATED ON:
B. Purcum	04/15/2025
REVISED BY:	REVISED ON:
####	####
RELEASED BY:	RELEASED ON:
####	####
DRAWING NUMBER	



- NOTES:**
1. If covered by L.S.S., drainfield to be covered with a minimum of 6" of imported soil, approved by L.S.S.
 2. Soil cap to be mounted above imported soil to allow for ventilation.
 3. Perforated corrugated plastic pipe shall meet requirements of ASTM D 2729.
 4. Pipe shall be level, 0.00% slope.
 5. End cap shall be provided at end of all corrugated plastic lines.
 6. Trench bottom shall be level.

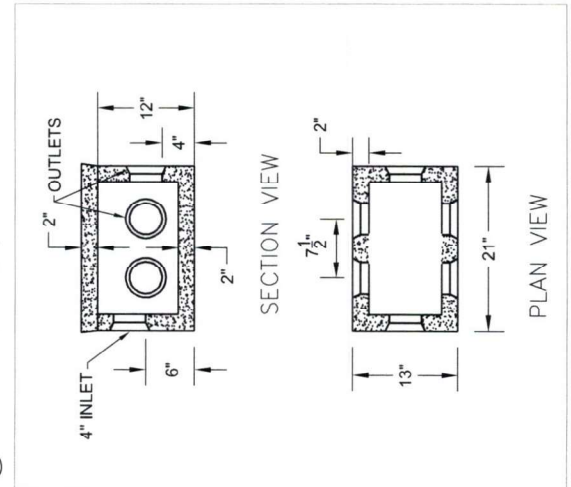
EZ-Set - Trench Cross-Section (Typical)

11. Contractor to seed and/or mulch disturbed areas to coincide with existing landscape. Area shall not be left with uncovered soil.
12. All risers to have cast-in-place tank adapters and be single-piece riser. Risers to extend 6" above soil surface and be designed to prevent surface water inflow.
13. Backfill around tank(s) shall be gravel or tank hole shall be over-excavated a minimum of 2' in all directions to allow for mechanical tamping of backfill.
14. All penetrations to be sealed.
15. Contractor to adjust tank placement to meet site constraints.



Septic Tank

1. Installation to follow all NC DHHS and Wilson County applicable rules and regulations.
2. AWT to perform construction inspections and final system certification.
3. Septic Tank to have approved effluent filter.
4. Contractor to abide by all safety regulations during system installation.
5. Contractor shall backfill around all access areas such that storm water is shed away from potential entry points.
6. Invert elevations of all components to be verified in field by contractor to insure proper operation.
7. All system piping to be SCH40 PVC (except where noted).
8. All gravity elbows to be long radius or long sweeping type elbows.
9. Actual installation and placement of treatment system to be overseen by Contractor.
10. Tanks to be set on 6" minimum gravel base. Use #5 or #57 stone for base.



Distribution Box

ATTACHMENT 2: Boring Descriptions

SOIL & SITE EVALUATION for ON-SITE WASTEWATER SYSTEMS

Evaluation Date	12/30/2025	Site Location	7628 New Sandy Hill Church Rd. Simms, NC 27880	County	Wilson
PIN/Parcel	2763742046	Property Size	0.92	Property Recorded	Yes
Proposed Facility	SFR	Bedrooms	5	Wastewater Strength	Domestic
Water Supply	Private Well	Design Flow (.0400)	600	Evaluation Method	Auger

Profile #	Landscape Position Slope %	Soil Morphology			Other Factors			
		Horizon Depth (in)	.0503 Consistence Mineralogy	.0504 Soil Wetness Color	.0505 Soil Depth (in)	.0506 Saprolite	.0507 Restrictive Horizon	.0509 Profile Class LTAR
1	4%	A0-6	SL NS, NP, Vfr	2.5Y 5/2	36	S	S	0.35
		E6-16	LS NS, NP, Vfr	2.5Y 6/4				
		Bt1 16-26	SCL S, P, Fr	10YR 5/6				
		Bt2 26-36	SCL S, P, Fr	10YR 6/6				
		System Type			Conventional			
2	4%	A0-4	SL NS, NP, Fr	2.5Y 5/2	36	S	S	0.35
		E4-12	LS NS, NP, Fr	2.5Y 6/3				
		Bt1 12-20	SCL S, P, Fr	10YR 6/6				
		Bt2 20-36	SC S, P, Fr	10YR 6/8				
		System Type			Conventional			
3	2%	A0-8	SL NS, NP, Vfr	2.5Y 5/2	36	S	S	0.35
		E8-16	LS NS, NP, Vfr	2.5Y 6/4				
		Bt1 16-24	SCL SS, SP, Fr	10YR 6/6				
		Bt2 24-36	SC S, P, Fi	10YR 6/8				
		System Type			Conventional			

ATTACHMENT 3: COI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2025

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 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).

PRODUCER Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest NC 27587		CONTACT NAME: Connie Garkalns PHONE (A/C, No, Ext): 984-235-4273 E-MAIL ADDRESS: connie@hartsfield-nash.com FAX (A/C, No): 919-556-8758	
License#: 100009111 AGRITEC-01		INSURER(S) AFFORDING COVERAGE	
INSURED Agri-Waste Technology Inc 501 N. Salem St Ste 203 Apex NC 27502		INSURER A : Selective Insurance Company of	NAIC # 39926
		INSURER B : Accident Fund	10166
		INSURER C : Evanston Insurance Company	35378
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1304989694

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S 2253659	1/18/2025	1/18/2026	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2253659	1/18/2025	1/18/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2253659	1/18/2025	1/18/2026	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100003072	1/18/2025	1/18/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Prof & Pollution Liability			MKL3ENV104794	8/22/2024	8/22/2025	Each Claim	5,000,000
A	Leased & Rented			S 2253659	1/18/2025	1/18/2026	Equipment	25,000

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

CERTIFICATE HOLDER**CANCELLATION**

Artisan Custom Homes
 21016 Catawba Avenue
 Cornelius NC 28031
 USA

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

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