Odom Engineering PLLC

169 Oak Street • Forest City, NC 28043
office 828.247.4495 • fax 828.247.4498

February 28, 2022

Mr. Seth Swift, REHS
Environmental Health Supervisor
Henderson County
1200 Spartanburg Highway; Suite 100
Hendersonville, NC 28792

RE: Lot 23 – Windy Knoll Acres
461 Windy Acres Knoll Drive, Hendersonville, NC
LHD# 22070100446
Part of PIN 9579-94-0983

Dear Mr. Swift,

I hereby certify that the on-site wastewater system installed by Moore & Son Site Contractors, Inc. is consistent with the design and specifications from Odom Engineering, PLLC.

We request forgoing the final meeting on the site with the Health Department.

Sincerely,

2/28/22

David Odom, P.E.

MOORE & SON
828-891-8900
SITE CONTRACTORS
INCORPORATED

Odem Engineering PLLC
169 Oak Street
Forest City, NC

Re.: Lot #23 461 Windy Acres Knoll Dr Hendersonville, NC.

LHD# 22070100446

Dear Sir,

This letter shall certify that I, Ted Hathcock as the installer of the onsite Wastewater system located at 461 Windy Acres Knoll Dr Hendersonville, NC also known as Lot #23 The Cottages at Windy Knoll, have installed the system per the design. My License number is: 5283

Ted Hathcock 2/24/22

Wastewater installer Date

MOORE & SON
828-891-8900
SITE CONTRACTORS
INCORPORATED

Odem Engineering
PLLC
169 Oak Street
Forest City, NC 28043

Re: Lot #23 461 Windy Acres Knoll Dr Hendersonville, NC

LHD# 22070100446

Dear Sir:

This notarized letter shall certify that we are in acceptance of the system design and specifications as submitted by the PE, David Odem for the property located at The Cottages at Windy Knoll - Lot #23 461 Windy Acres Knoll Dr Hendersonville, NC. I do not require an on-site meeting with the Henderson County Health Department.

Moore & Son Site Contractors, Inc. by _____ Owner/President

State: NC
County: Henderson

I, Sandra B Duncan, a Notary Public for Henderson County, North Carolina, do hereby certify that Rick Moore personally came before me this day and acknowledge that he is the owner of Moore & Son Site Contractors, Inc. and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal. This 5 day of October 2021

SANDRA B DUNCAN
NOTARY
PUBLIC
HENDERSON COUNTY, NC

_____

My commission expires-: 6/3/2024

MOUNTAIN SOILS, INCORPORATED

71 LEDFORD DRIVE FRANKLIN, NC 28734
EMAIL: MOUNTAINSOILS@FRONTIER.COM
CELL: (828) 550-4040 OFFICE: (828) 371-2894

January 21, 2022

Mr. Seth Swift, REHS
Environmental Health Supervisor
Henderson County
1200 Spartanburg Highway; Suite 100
Hendersonville, NC 28792

Re: The Cottages at Windy Knoll, Lot 23 – (Soil Scientist) Septic Installation, Engineered Option Permit (PIN 9579 94 0983)

Dear Mr. Swift,

This letter is intended to provide acknowledgement that the on-site subsurface wastewater treatment septic system at (The Cottages at Windy Knoll, lot 23) meets:

General Statue 130A-336.1. Alternative process for wastewater system approvals. (b) Notice of Intent to Construct. (3) & (8).

General Statue 130A-336.1. Alternative process for wastewater system approvals. (e) Site Design, Construction, and Activities. (2).

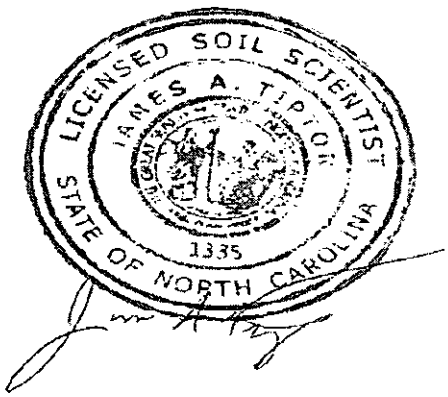
General Statue 130A-336.1. Alternative process for wastewater system approvals. (k) Required Documentation. (1) (a).

15A NCAC 18A.1971 Engineered Option Permit (b) Site Evaluation; (c) Notice of Intent to Construct (1)

Department of Health and Human Services, Division of Public Health, Common Form for Engineered Option Permit, (3) & (17).
Part 3: Authorization to Operate (ATO) (1). (a).

Sincerely,

James A. Tipton, LSS
Project Manager
Mountain Soils, Inc.



State of NC EOP LHD Reference: 22070100446

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.

LHD USE ONLY: Initial submittal of request for ATO received: 3/2/2022 (Date) by [illegible] (Initials)

Date of Post-construction Conference: 3/2/2022

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes:
   a. Signed and sealed evaluation of soil conditions and site features — [X] Yes [ ] No
   b. Drawings, specifications, plans — [X] Yes [ ] No
   c. Reports on special inspections and final inspection — [X] Yes [ ] No
   d. Management Program manual — [X] Yes [ ] No
   e. On-site Wastewater Contractor's signed statement — [X] Yes [ ] No
   f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h) — [X] Yes [ ] No
2. Fee (as applicable) — [X] Yes [ ] No
3. Notarized letter documenting Owner's acceptance of the system from the PE — [X] Yes [ ] No

Attestation by the Owner or the PE for Authorization to Operate

I, David W. Odom, P.E. (*Print name of Owner or Professional Engineer*) hereby attest that all items indicated above have been provided to the Henderson County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

[signature] (*Signature of Owner or Professional Engineer*) 2/28/2022 (*Date*)

This section for LHD Use Only.

LHD Review of required information for the ATO

[ ] INCOMPLETE

Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____.

Copies of this signed form were sent to the design PE and the Owner on _____ (*Date*) via _____ (*Email, FAX, USPS, hand*).

[X] COMPLETE

Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 3/2/22 (*Date*) via email (*Email, FAX, USPS, hand*).

Erin Hughes (*Print Name of Authorized Agent of the LHD*) [signature] (*Signature of Authorized Agent of the LHD*) 3/2/22 (*Date*)

ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

MOUNTAIN SOILS, INCORPORATED

71 LEDFORD DRIVE FRANKLIN, NC 28734
EMAIL: MOUNTAINSOILS@FRONTIER.COM
OFFICE/FAX: (828) 524-5962 CELL: (828) 421-3149

THIS PROPOSAL IS TO BE USED FOR EOP

Windy Knoll Acres Lot 23 **6-14-2021**
Henderson County, NC
PIN# Portion of 9579-84-9721
Acres: TBA

Onsite Wastewater Septic System Overview:

The following report has been prepared by Mountain Soils, Inc. (MSI) for Windy Knoll Acres Lot 23 in Henderson County, NC. The following report prepared by MSI is intended to be permitted under privatization rules. Please note that the report / application needs to be submitted by a professional engineer (PE).

Application Type:	EOP NOI (360 GPD)					
Number of Bedrooms:	Proposed Septic System	**GPD**	**Soil Group**	**Soil Texture**	**LTAR**	**Linear Feet Required Calculation (in Square and Linear Feet)**
Initial Septic System: 3 Bedroom	Quick 4 Chambers (25% Reduction) 18" Trench Depth	360	III	Clay Loam	0.35	360 gpd / 0.35 gpd/ft^2 = 1028 ft^2 1028 ft^2 / 4 ft trench eq.= 257 ft
Repair Septic System: 3 Bedroom	Quick 4 Chambers (25% Reduction) 18" Trench Depth	360	III	Clay Loam	0.35	360 gpd / 0.35 gpd/ft^2 = 1028 ft^2 1028 ft^2 / 4 ft trench eq.= 257 ft
Easement Required:	No					

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OFFICE/FAX: (828) 524-5962 CELL: (828) 421-3149

Onsite Wastewater Septic System Configuration and Recommendations:

The following recommendations are proposed by MSI for Windy Knoll Acres Lot 23 in Henderson County, NC. The proposed system design/layout is for a 360 gallons per day onsite wastewater system. The septic area has been evaluated and determined to contain Group III soils (the most restrictive texture being Clay Loam). A long-term acceptance rate (LTAR) of 0.35 has been assigned to these soils for initial system and (LTAR) of 0.35 for repair. *(See attached soil descriptions)*

MSI recommends utilizing a 25% Reduction (Quick 4 Chambers) type system for the septic drainfield. The (initial) septic system will require a 1000-gallon septic tank feeding 257 linear feet of material to accommodate the 360 GPD septic system. The recommended trench depth is 18 inches on the low side, recommended trench width is 36 inches and utilizing serial distribution. Due to heavy clay soils, rake and lime nitrification trenches.

MSI recommends utilizing a 25% Reduction (Quick 4 Chambers) type system for the repair septic drainfield. The (repair) septic system will require 257 total linear feet of 25% Reduction (Quick 4 Chambers) type septic system. Maximum trench depth 18 inches on the low side. Due to heavy clay soils, rake and lime nitrification trenches.

The proposed septic system and repair have been identified in the field. It is recommended to utilize Quick 4 Chamber type system for the initial septic drainfield at 18" trench depth with serial distribution and Quick 4 Chambers for repair. Install system in dry conditions. It is also recommended to delineate the system again prior to installation. *(See attached site plan for detail).*

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EMAIL: MOUNTAINSOILS@FRONTIER.COM
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Onsite Wastewater Septic System Setbacks (Buffers) and Site Recommendations:

The following items are recommended by MSI to preserve the integrity of the proposed site and surrounding area.

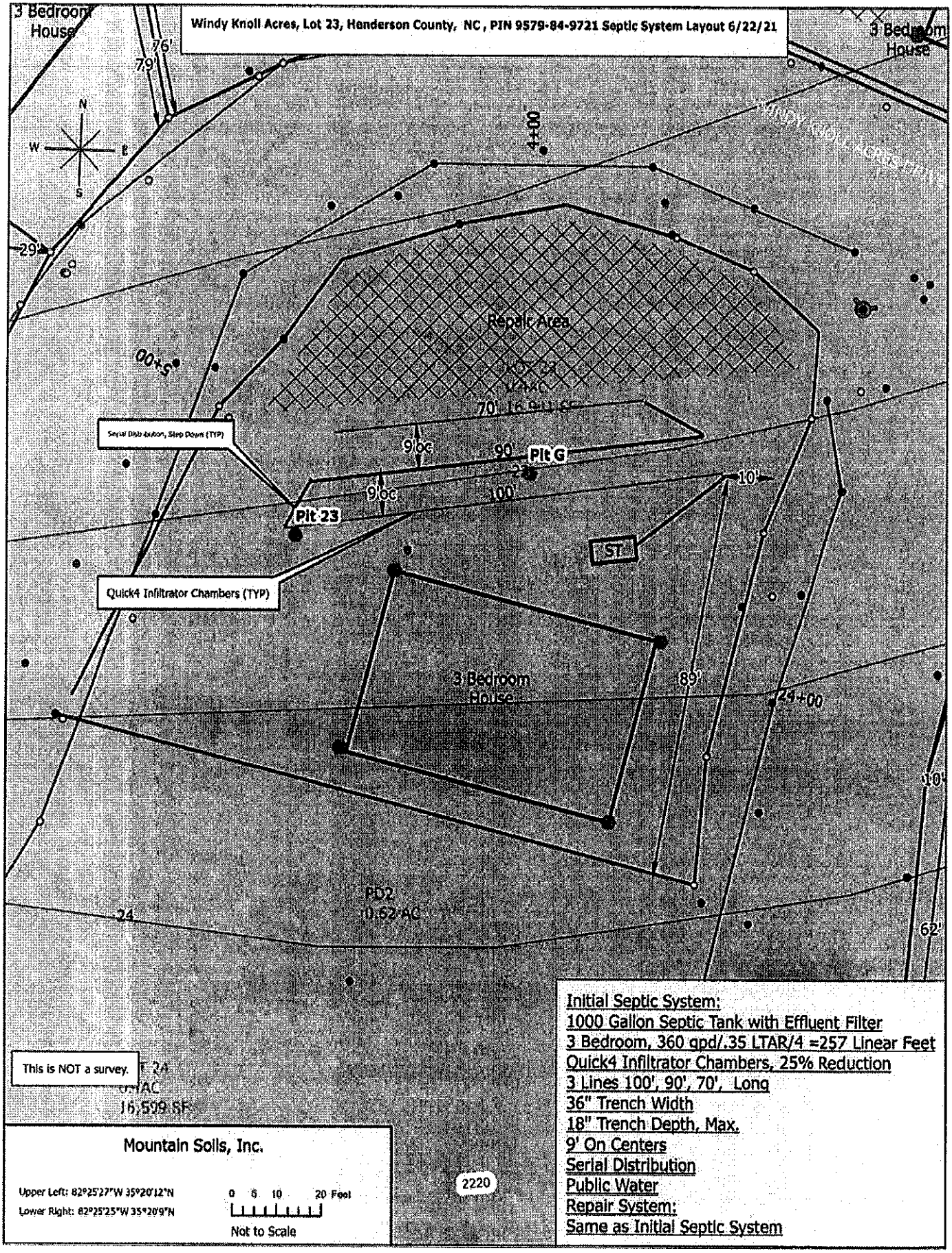
1. MSI recommends encasing all septic system supply lines where they cross roads, drives and/or power lines (*pursuant to Laws and Rules for Sewage Treatment, and Disposal Systems 15A NCAC 18A .1900*)

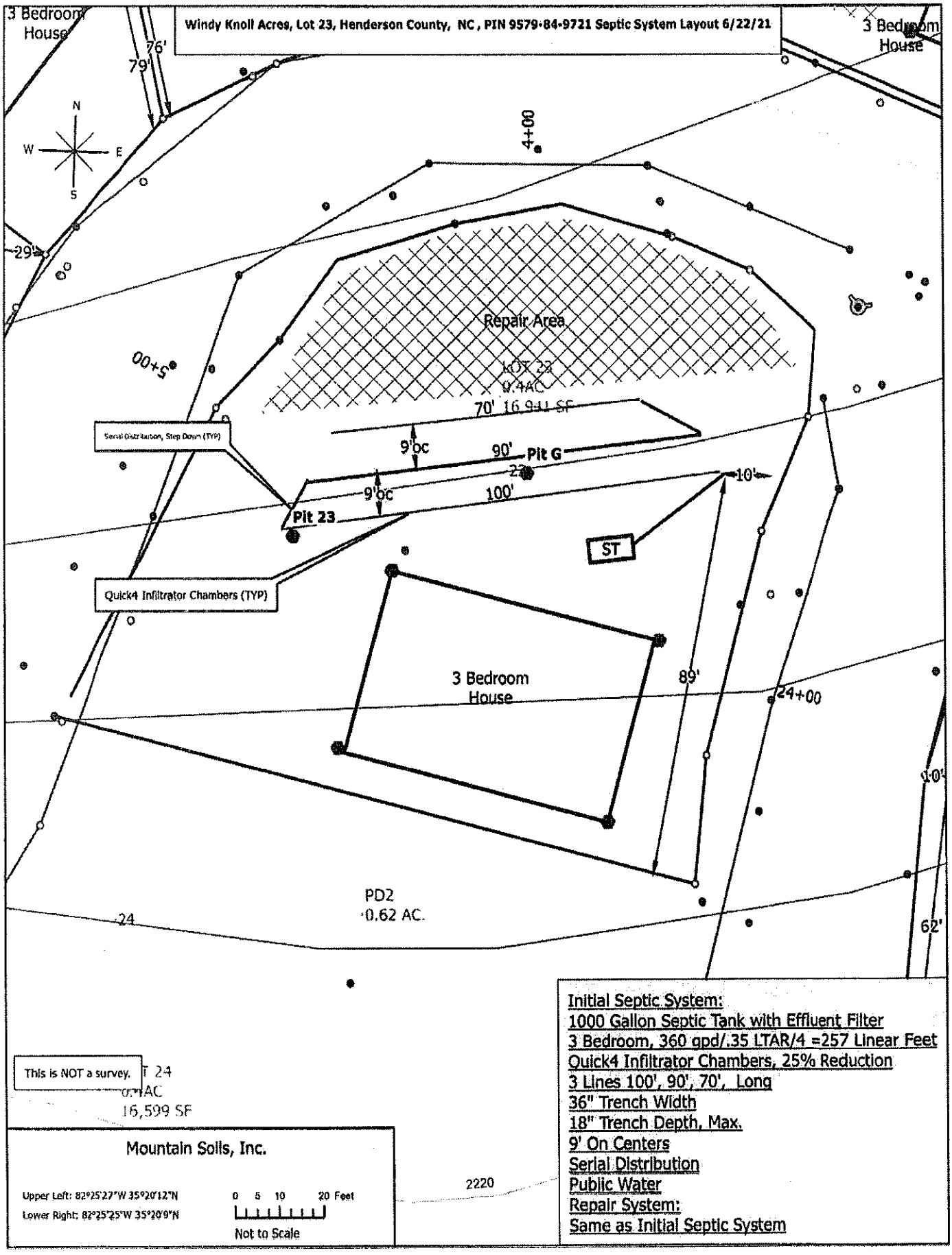
2. MSI recommends diverting stormwater runoff away from all proposed septic areas.

3. The proposed MSI septic system designs/layouts are based on dodging large trees or other obstacles that may hinder the installation or operation of the septic system.

4. The proposed onsite wastewater system is based off of theoretical calculations based on data obtained at the site. MSI does not guarantee actual system performance.

5. The proposed initial septic system and repair system must maintain a setback (Buffer), specified by North Carolina Department of Environment and Natural Resources (NCDENR), including: 5' horizontal from the house and all foundations, 50' horizontal from any surface water, 100' horizontal minimum from all wells or springs used for drinking water, 10' horizontal from all property lines and water lines, 20' horizontal from any other septic system (except repair) and 15' horizontal from cut banks (unless filled and compacted, 5' horizontal setback).


Windy Knoll Acres, Lot 23, Henderson County, NC , PIN 9579-84-9721 Septic System Layout 6/22/21
3 Bedroom House
3 Bedroom House
76'
79'
N
W
E
S
4+00
29'
Repair Area
00+S
Serial Distribution, Step Down (TYP)
70'
9'oc
90'
Pit G
9'oc
100'
10'
Pit 23
ST
Quick4 Infiltrator Chambers (TYP)
3 Bedroom House
89'
24+00
10'
PD2
24'
62'
This is NOT a survey.
Mountain Soils, Inc.
Upper Left: 82°25'27"W 35°20'12"N
Lower Right: 82°25'25"W 35°20'9"N
0 5 10 20 Feet
Not to Scale
2220
Initial Septic System:
1000 Gallon Septic Tank with Effluent Filter
3 Bedroom, 360 gpd/.35 LTAR/4 =257 Linear Feet
Quick4 Infiltrator Chambers, 25% Reduction
3 Lines 100', 90', 70', Long
36" Trench Width
18" Trench Depth, Max.
9' On Centers
Serial Distribution
Public Water
Repair System:
Same as Initial Septic System


Windy Knoll Acres, Lot 23, Henderson County, NC, PIN 9579-84-9721 Septic System Layout 6/22/21
3 Bedroom House
3 Bedroom House
3 Bedroom House
76'
79'
N
W
E
S
4+00
29'
5+00
Repair Area
LOT 23
0.4AC
70' 16,941 SF
Serial Distribution, Step Down (TYP)
9'oc
90'
Pit G
23
9'oc
100'
10'
Pit 23
ST
Quick4 Infiltrator Chambers (TYP)
3 Bedroom House
89'
24+00
PD2
0.62 AC.
24
62'
This is NOT a survey.
T 24
0.4AC
16,599 SF
Mountain Soils, Inc.
Upper Left: 82°25'27"W 35°20'12"N
Lower Right: 82°25'25"W 35°20'9"N
0 5 10 20 Feet
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2220
Initial Septic System:
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3 Bedroom, 360 gpd/.35 LTAR/4 =257 Linear Feet
Quick4 Infiltrator Chambers, 25% Reduction
3 Lines 100', 90', 70', Long
36" Trench Width
18" Trench Depth, Max.
9' On Centers
Serial Distribution
Public Water
Repair System:
Same as Initial Septic System

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #:
DATE OF EVALUATION: 6-7-17
COUNTY: ______

N-A-lp

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
16	SH Ap	0-6	1mgr/SL	VFr	10YR 4/3	22/50+	II	—	III
	15% Bt	6-22	2msbk/SCL	SS/SP / Fl-Fr	10YR 4/4		SC		.45
	C	22-50	Bmsl SL	VFr	MC7/Rn				
17	Lower Ap	0-8	1mgr/SL	VFr	10YR 4/3	40"	—	-	III
	14% Bt1	8-28	2msbk/SCL	SS/SP Fl-Fr	7.5YR 4/6				.4
	Bt2	28-36	2msbk/CL	SS/SP Fl-Fr	5YR 4/6				
	BC	36-48	1msbk/SC	NS/NP Fr	5YR 4/6				
18	CC Ap	0-12	1mgr/SL	VFr	10YR 4/4	23"		R2R24	III
	5% Bt	12-23	2msbk/SCL	SS/SP Fl-Fr	7.5YR 5/4				.45
		≥ R2R24			≥ Allum & Resid 10YR 5/6 7.5YR 4/6				
19	TS Ap	0-10	1mgr/SL	VFr	10YR 3/3	40		R2R24	III
	Bt1	10-24	2msbk/SCL	SS/SP Fr-Fr	7.5YR 5/4				.25
	7% Bt2	24-40 ≥ R2R24	2msbk/CL	S/P Fl-Fr	7.5YR 4/4				
20	TS Ap	0-8	1mgr/sl	Fr	10YR 3/4	42"/>57			Cap. III
	Bt	8-26	2msbk/CL	Fr (SS/SP) 0.35	7.5YR 4/6				0.4
	8% BC	26-42	1msbk/scl	Fr 0.4	7.5YR 4/6				
	C	42-52	m /sL	Fr +	7"				

COMMENTS: ______

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet of

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

N. Allen Tract

PROPERTY ID #:
DATE OF EVALUATION: 6-8-17
COUNTY: Hen

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
21	Lnrs 12%	Ap 0-9	1mgr / sl	FR	10 YR 3/2	39" / >50	sL		III 0.4
		Bt 9-24	2msbk / cl	FR (ss/sp) 0.4	7.5 YR 4/6				
		BC 24-39	1msbk / scl	FR 0.4?	7.5 YR 5/6				
		C 39-50"	0M / sl	VFR	pm				
22	Lnss/ SL 14%	Ap 0-11	1mgr / sl	VFR	10 YR 3/2	>48	—	—	III 0.35 0.4
		BA 11-19	1f msbk / sl	FR	7.5 YR 4/6				
		Bt 19-32	2msbk / scl	FR (ss/sp)	5 YR 4/6				
		BC 32-48	1msbk / sl	FR	" + pm				
23	Lnss 12%	Ap 0-8	1mgr / sL	FR	10 YR 3/2	42" / >60	sL		IV 0.35
		Bt 8-25	2m ABK / c	FR (ss/sp)	2.5 YR 4/6				
		BC 25-42	1-2 m sbk / scl	FR	5 YR 4/6				
		C 42-50	0M / sL	FR	pm				
24	TS/ Lnss 10%	Ap 0-9	1mgr / sL	FR	10 YR 3/2	>50		35" Rel	IV 0.35
		Bt 9-35	1-2 msbk / sc	FR (ss/sp)	7.5 YR 4/6				
		Bt 35-50	1m ABK / cL	FR (ss/sp)	" + mcs (2.5 YR conc)				
25	Lnss 11%	Ap 0-9	1mgr / sL	Fr	10 YR 3/2	36/50	II LS	—	III .45
		Bt 9-20	2msbk / scl	Fr ss/sp	7.5 YR 5/6				
		BC 20-36	1msbk / sL	Fr ns/np	7.5 YR 5/6				
		C 36-50	0mas / LS	VFr	mc/pm				

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

NORTH Allen
WINDY KNOLL

PROPERTY ID #: 6/9/21
DATE OF EVALUATION:
COUNTY: [illegible]

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
F	10% A3	0-11	1fg/SL	[illegible]	10YR 3/3	44	—	—	III .4
	Bt	11-34	2msbk/CL	Fi, sS sP [illegible]	5YR 4/6				
	BC	34-44	1msbk/SL-SCL	Fr, [illegible]	5YR 5/6 4/6 mt pm				
G	8% BA	0-11	1fsbk/SL	sS sP [illegible]	10YR 3/3	43	—	—	III .35
	Bt	11-43	2msbk/CL	sS/P sSP	2.5YR 4/4				
H	10% BA	0-13	1fsbk/SL	sS sP, [illegible]	10YR 3/3	52	—	—	III .4
	Bt	13-52	2msbk/CL	sS sP [illegible]	5YR 5/6				

COMMENTS: [illegible]

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Moore Eons

PROPERTY ID #: ______
DATE OF EVALUATION: 6/7/21
COUNTY: Henderson

North Allan Windy Knoll 6/9/21

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit A	5% Ap	0-9	1fgr/SL	VFR	10yr 3/3	37"		Rock	III .35
	Bt	9-37	2msbk/CL	SS/SP SEXP	10yr 5/6				
		Rock							
B	5% OA	0-9	1fsbk/SL	FR	10yr 3/3	34"		Rock	III .35
	Bt	9-34	2msbk/CL	SS/SP	10yr 5/6				
		Rock @ 34"							
C	9% A3	0-9	1fsbk/SL	FR	10yr 3/3	37"		Rock	III .35
	Bt	9-21	2msbk/SCL	SS/SP	10yr 5/6				
	Bt2	21-37	2msbk/CL	SS/SP SEXP	2.5y 4/6				
		Rock + accumulation							
D	6% A3	0-10	1fgr/SL	VFR	10yr 3/2	43			III .35
	Bt	10-43	2msbk/CL	SS/SP SEXP	2.5y 5/6				
E	8% A3	0-9	1fgr/SL	VFR	10yr 3/3	44			III .35
	Bt	9-44	2msbk/CL	SS/SP SEXP	5y 4/6				
	BC	44-49	1msbk/SCL-L	SS/SP SEXP	5y 4/6				

COMMENTS: Stake found on site

LICENSED SOIL SCIENTIST
JAMES A. TIPTON
1335
STATE OF NORTH CAROLINA

Updated February 2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/17/2021

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 Insurance Management Consultants, Inc. P.O. Box 2490 Davidson NC 28036	CONTACT NAME: Doug Farber PHONE (A/C, No, Ext): (704) 799-1600 FAX (A/C, No): (704) 799-2955 E-MAIL ADDRESS: cert@imcipls.com
INSURED Odom Engineering, PLLC 169 Oak Street Forest City NC 28143	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: XL Specialty Insurance — 37885 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 21/22 PL Renewal 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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability			DPR 9974409	03/24/2021	03/24/2022	Per Claim	$1,000,000
							Aggregate	$1,000,000

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

CERTIFICATE HOLDER

Henderson County
100 N. King Street, Suite 200
Hendersonville NC 28792

CANCELLATION

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

Jeffrey Trotter

MOUNSOI-01 SSIMONS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2022

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 Wayah Insurance Group, Inc. PO Box 999 Franklin, NC 28744	CONTACT NAME: PHONE (A/C, No, Ext): (828) 524-4442 FAX (A/C, No): (828) 369-5917 E-MAIL ADDRESS:
INSURED Mountain Soils, Inc 71 Ledford Drive Franklin, NC 28734	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Twin City Fire Ins Co — 29459 INSURER B : Hartford Accident & Indem Co — 22357 INSURER C : Continental Cas Co-Victor O 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	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE [X] OCCUR			22SBAAB7729SA	1/11/2022	1/11/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						HNO AUTO LIABIL	$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB [ ] OCCUR							
	EXCESS LIAB [ ] CLAIMS-MADE			22SBAAB7729SA	1/11/2022	1/11/2023	EACH OCCURRENCE	$ 1,000,000
	DED [X] RETENTION $ 10,000						AGGREGATE	$
							General Aggrega	$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH)			22WBCAC1L4P	1/11/2022	1/11/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
C	Professional Liabili			EEH276202723	1/2/2022	1/2/2023	E.L. DISEASE - POLICY LIMIT	$ 1,000,000
								2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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

Sharon Simons

ACORD 25 (2016/03)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/20/2021

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
Morrow Insurance Agency, Inc
800 Beverly Hanks Centre
Hendersonville NC 28792

License#: PC-534028

CONTACT NAME: Jennifer Gordon
PHONE (A/C, No, Ext): 828-693-5396 FAX (A/C, No):
E-MAIL ADDRESS: jgordon@morrowinsurance.com

INSURED
Moore & Son Site Contractors Inc
103 McDowell Road
Mills River NC 28759
MOOR&SO-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Builders Mutual	10844
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 175509967 **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	X COMMERCIAL GENERAL LIABILITY			CPP 0091932 01	12/31/2021	12/31/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY			CAP 0033695 02	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			MUB 0017362 00	12/31/2021	12/31/2022	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP1079520 04	7/1/2021	7/1/2022	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Leased/Rented Eq Scheduled Equipment			CPP 0091932 01	12/31/2021	12/31/2022	$1,000 $1,000	250,000 3,253,868

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

CERTIFICATE HOLDER

Henderson County
100 N King Street
Suite 220
Hendersonville NC 28792

CANCELLATION

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT
See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 1-10-22 (Date) by SWS (Initials)

PART 1: Notice of Intent to Construct (NOI)

☒ New ☐ Expansion

☐ Repair – LHD Permit Number _____ ☐ Repair – EOP Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): Moore & Son Site Contractors, Inc.

Mailing address: 103 McDowell Road City: Mills River State: NC Zip: 28759

Telephone number: 828-891-8900 E-mail Address: brian@mooreandson.net

2. Professional Engineer (PE) name: David Odom, P.E. License number: 21130

Mailing address: 169 Oak Street City: Forest City State: NC Zip: 28043

Telephone number: 828-247-4495 E-mail Address: davidodom@odomengineering.com

3. Licensed Soil Scientist (LSS) name: James Tipton License number: 1335

Mailing address: 71 Ledford Dr City: Franklin State: NC Zip: 28734

Telephone number: 828-551-9903 E-mail Address: mountainsoils@frontier.com

4. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

5. On-site Wastewater Contractor name: Moore & Son Site Cont. License number: 5283

Mailing address: 103 McDowell Rd City: Mills River State: NC Zip: 28759

Telephone number: 828-891-8900 E-mail Address: Brian@Mooreandson.net

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Lot #23- Windy Knoll Acres (Part of Pin #9579-84-9271)
   County Name: Henderson
8. Type of facility: ■ Place of residence No. Bedrooms: 3 No. Occupants: 4
   ☐ Place of business Basis for flow calculation: _____
   ☐ Place of public assembly Basis for flow calculation: _____
9. Factors that would affect the wastewater load: None
10. Type, location, and classification (per Rule .1961) of wastewater system: 25% reduction, 0.35 LTAR, 360 gpd, 257 linear feet, gravity drain field, 18 inch deep trench, 36 inches wide
11. Design wastewater flow: 360 gpd *(For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)*
    Design wastewater strength: ■ domestic ☐ high strength ☐ industrial process
12. A plat as defined in G.S. 130A 334(7a) is attached: ■ Yes ☐ No
13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): ■ Yes ☐ No
14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): ☐ Yes ■ No
    If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): ☐ Yes ■ No
    If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ■ Yes ☐ No
    This is a saprolite system. ☐ Yes ■ No
17. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ■ Yes ☐ No
18. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ■ NA
19. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ■ NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, David Odom, PE hereby attest that the information required to be included with
Registered Professional Engineer (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336.1(e)(6).

Signature of Licensed Professional Engineer 7/7/21 *Date*

This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, _____ hereby designate _____

Print Name of Owner *Print Name of Registered Professional Engineer*

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

_____ _____

Signature of Owner *Date*

Owner self-submittal of NOI:

I, Brian Kirk hereby submit this NOI prepared by David Odom, PE

Print Name of Owner *Print Name of Licensed PE*

pursuant to G.S. 130A-336.1.

_____ 1/5/21

Signature of Owner *Date*

NOTES:

LIABILITY: The Department, the Department's authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f)]

RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** *grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: ***LHD Completeness Review of the Notice of Intent to Construct***

"(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the design PE and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____	_____	_____
Print Name of Authorized Agent of the LHD	*Signature of Authorized Agent of the LHD*	*Date*

☒ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on 1-10 (*Date*) via EMAIL (*Email, FAX, USPS, hand-delivered*).

A copy of this NOI and tracking information was sent to the State on 1-10 (*Date*) via EMAIL (*Email, FAX, USPS, hand-delivered*).

Seth Swift	Seth SW	1-10-22
Print Name of Authorized Agent of the LHD	*Signature of Authorized Agent of the LHD*	*Date*

Henderson County (Environmental) – Improvements Permit

1200 Spartanburg Highway, Suite 100, Hendersonville, N.C. 28792
Phone:(828)692-4223
Fax:(828)697-4523

Project No: 22010100210
Permit No: 22070100446 **Appl. Dt.:** 1/7/2022 **Exp. Dt.:** 1/7/2027
Status: APPLIED FOR **Status Dt.:** 1/7/2022

Owner Information

Name : Moore And Son Site Contractors, Inc
Address : 103 Mcdowell Rd
Mills River NC 28759
Phone(W) :
Phone(H) :
Phone(M) : 828 2431846

Property Information

PIN # : 9579940983
Address : 461 Windy Acres Knoll Dr
Hendersonville NC 28792
Acreage : 0.39
Subdivision : The Cottages At Windy Knoll
Lot # : 23
Directions : 461 Windy Acres Knoll Dr (Lot 23): 64E, R Sugarloaf, R Howard Gap Rd, R N Allen Rd, R Windy Acres Knoll Dr property will be on the corner next to lot 24 across from 60 Windy Acres Knoll Dr
Watershed district :

Site Details

System Classification :
System Description :
Line Length :
Line Depth :
Nitrification Sq. Ft. :
Tank #1 :
Tank #2 :
Tank #3 :

Notes :

Applicant Information

Name : Brian Kirk
Address :
Phone(W) :
Phone(H) :
Phone(M) : 2431846

Occupant Information

Name : Moore And Son Site Contractors, Inc

Water Details

System : New
Source : PUBHEND

Property Characteristics

Type of establishment : Residential dwelling units
Number of establishment : 3 Bedrooms
Septic GPD : 360
Basement : No
Basement Bath : No
Garbage Disposal : No
Multiple Dwelling Units : No
Property Notes : **EOP** WILL DROP OFF PAPERWORK AT EH OFFICE...JP

Permit Information

Septic System Requested : Others
System Description Requested : ENGINEERING

Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP				
ATC				
OP				

Payment Information

Permit	Receipt No.	Fee	Ref#1	Amount	Status	Ref#2	Amount	Status	Ref#3	Amount	Status
MAINPERMIT	22070100333	75.00	KIRK CREDIT-CARD	75.00	PAID						
		Total	75.00								

Signature:_____
(Department)

Signature:_____
(Owner/Applicant)

Date:_____