

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

November 5, 2025
Project #2216

RE: 18 Twin Oak Drive. - Angier, NC 27501- (Harnett County, NC PIN# 0663-72-1749)

OWNER ACCEPTANCE OF SEPTIC SYSTEM

I certify that Ashley Reid are accepting the subsurface wastewater (septic) system modification at 18 Twin Oaks Drive. The acceptance includes the AOWE permit as issued and designed by Adams Soil Consulting, PLLC and installed by Clint Adams Hauling and Grading, LLC).

Owner Name(print): Ashley B. Reid

Owner- (Signature Date): Ashley B. Reid

**Adams Soil Consulting
1676 Mitchell Road
Angier, NC 27501
919-414-6761**

November 5, 2025
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This document is submitted in addition to the "Notice of Intent to Construct" submittal package previously supplied to the local health department in pursuant to G.S. 130A-336.1

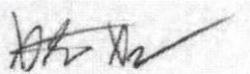
RE: 12 Twin Oaks Drive - Angier, NC 27526 – (Harnett County, NC PIN# 0663-72-1749)

To whom it may concern:

This letter is to notify Harnett County Environmental Services that the construction/modification of the wastewater system has been completed. The system was modified to acceptable construction standards. The installation was constructed in conformance to the original construction documents. This document may serve as "Authorization to Operate" the installed system.

Operation and Management Program

Have the effluent filter in the septic tank cleaned periodically by a professional. Have the solids pumped out of the septic tank every 3-5 years by a professional. Maintain adequate vegetative cover over the drainfield. Keep surface waters away from the tank and drainfield. Do not pour grease or oil down the sink. Contact a professional for periodic maintenance.



Alex Adams
Adams Soils Consulting, PLLC
NC Licensed Soil Scientist #1247

Date



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: Ashley Reid

Name: Ashley Reid

Mailing address: 18 Twin Oak Drive City: Angier State: NC Zip: 27501

Phone: 919-812-4678 Email: aburtonreid55@gmail.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: 18 Twin Oak Drive - Angier, NC 27501

Site address: 18 Twin Oak Drive - Angier, NC 27501

Tax parcel identification number or subdivision lot, block number of property: PIN# 0663-72-1749

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (b)

Daily Design Flow: 360 gallons/day

Saprolite System: Yes No Subsurface Operator Required: Yes No

Water Supply Type: Private Well Public Water Supply Spring Other:

Facility Type:

Residential 3 # Bedrooms 6 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 4th day of September, 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 4th day of September 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature of Owner or Legal Representative: _____

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: _____

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

August 3, 2025
Project #2216

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

RE: 18 Twin Oak Drive - Angier, NC - 3-bedroom Single Family Residence (Harnett County PIN: 0663-72-1749)

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, 15A NCAC 18E .0101. From this evaluation, ASC is providing the attached septic system relocation design for the existing home.

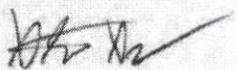
The suitable soils found on the subject property were somewhat consistent in the repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

The septic installer contractor shall install the primary system on contour, see attached site plan for the repair design. No underground utilities, water lines, or sprinkler systems shall be placed into the repair septic areas. The trenches must be installed in the same location as the site plan. 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.

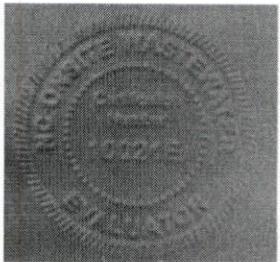
This report does not guarantee the future function of any waste water disposal system installed.

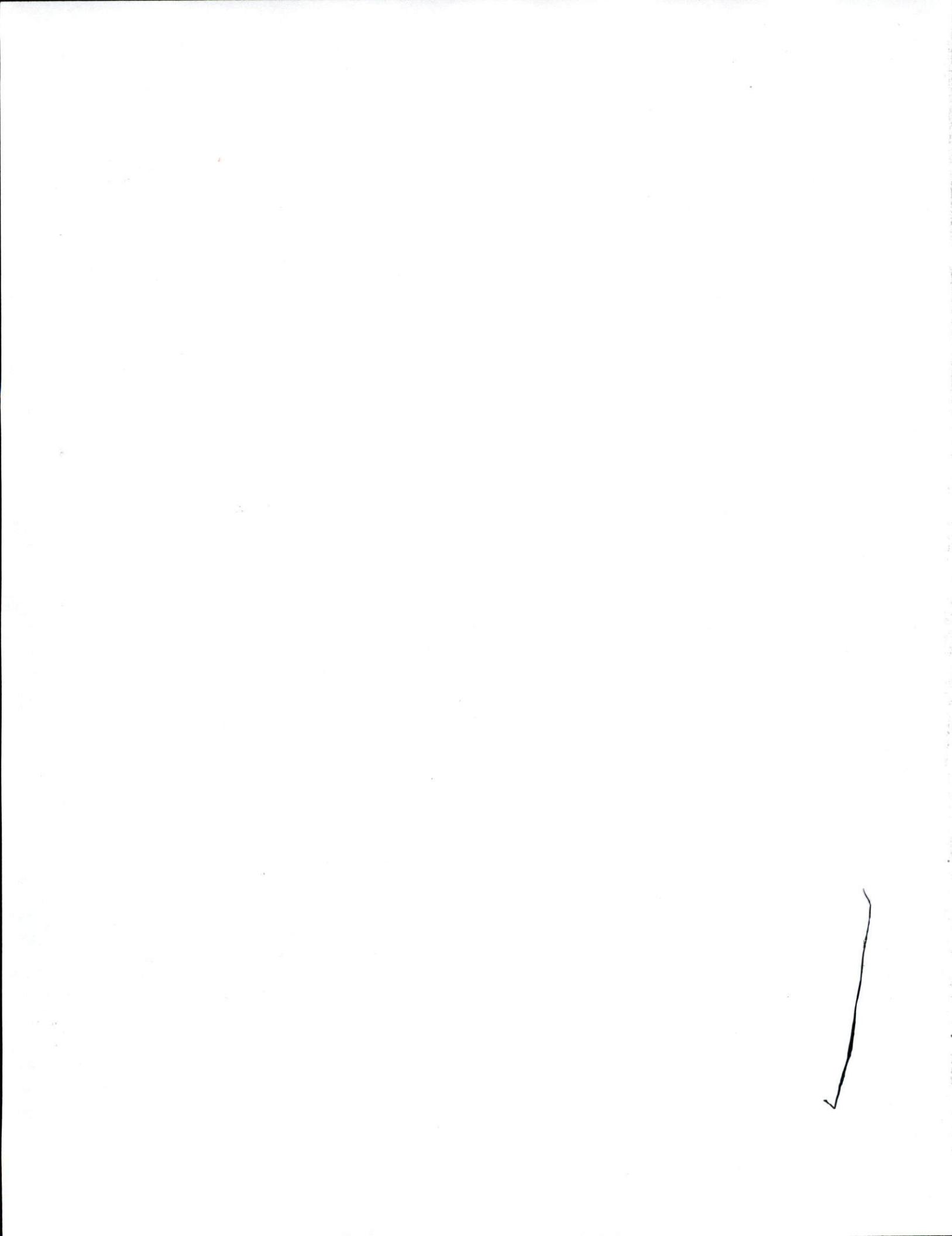
If you have any questions regarding the findings on the attached site plan or in this report, please feel free to contact me anytime.

Sincerely,



Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E





Ashley Reid
Septic Relocation Proposal
18 Twin Oaks Drive
Harnett County
9-3-25

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

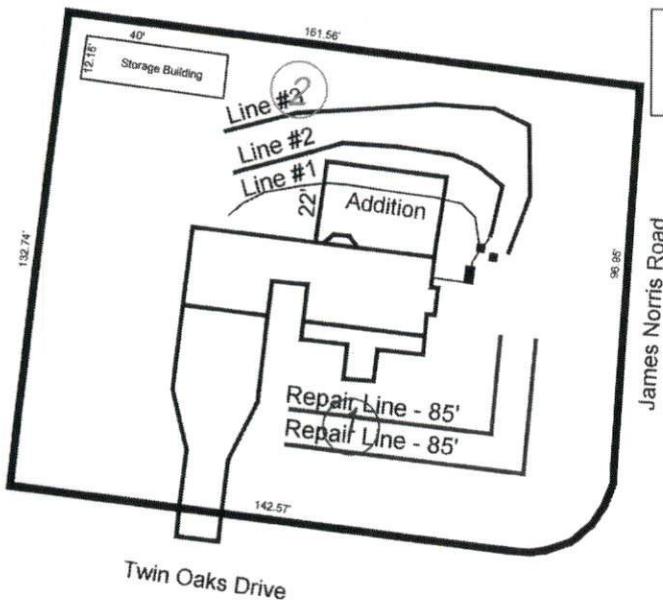
*Preconstruction Conference required with
Alex Adams and Septic Installer at least
5 business days prior to installation start.

*Existing Line #1 (100' Gravel Line) to be Abandoned

*Add New Distribution Box

*Install new 100' septic drain line (Line #3)

*Repair Area relocated in front yard (Panel Block - 50% reduction)



*Final Addition foot print to be marked on property
prior to any septic modification or construction.

Existing System: 2 - 100' Gravel lines
Lines: 1-2 (200')
Initial system modification: Abandon Line
#1 and replace with new 100' line and new
Distribution Box
Repair: Pressure Manifold
Lines: 1-2 (170')
0.4 LTAR
24" Max Trench Bottom
T&J Panel Block - PPBPS

1

Profile Description #1
See Soil/Site Evaluation
Data Form

2

Profile Description #2
See Soil/Site Evaluation
Data Form

**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

Adams
Soil Consulting
919-414-6761
Job #2216

GRAPHIC SCALE
1" = 50'



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

OWNER: Ashly Reid
ADDRESS: 18 Twin Oak Drive

PROPOSED FACILITY: SFH

LOCATION OF SITE: 18 Twin Oak Drive

WATER SUPPLY: Public Municipal Supply

EVALUATION METHOD: Auger Boring Pit Cut

PROPOSED DESIGN FLOW (.0400): 360 gpd

PROPERTY SIZE: ~0.5ac

PROPERTY RECORDED: _____

WATER SUPPLY SETBACK: _____

TYPE OF WASTEWATER: Domestic High Strength IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1	L/4%	0-40	Gr/SL	VFR, NS,NP	N/A	N/A	N/A	N/A	S/0.6	2"
2	L/5%	0-40	Gr/SL	VFR, NS,NP	N/A	N/A	N/A	N/A	S/0.6	2"
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	III(g)	III(g)
Site LTAR	.6	0.6
Maximum Trench Depth	24	24

SITE CLASSIFICATION (.0509): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

Comments: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/22/2025

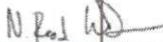
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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 NAME: Angela Sensenig	
Wade Associates, LLC 250 Pollock St.		PHONE (A/C, No. Ext.): (252) 631-5269	FAX (A/C, No.): (252) 649-2443
New Bern NC 28560		E-MAIL ADDRESS: asensenig@wadeict.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd.		INSURER A: Lloyd's of London NAIC # A1122J	
Angier NC 27501		INSURER B:	
INSURER C:		INSURER D:	
INSURER E:		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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	
CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	
POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMPIOP AGG \$	
OTHER:						\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
UMBRELLA LIAB <input type="checkbox"/> OCCUR						\$	
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$	
DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A			PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
						E.L. DISEASE - POLICY LIMIT \$	
A	Errors & Omissions			PSN0040221161	1/31/2025	1/31/2026	Each Occurrence General Aggregate \$1,000,000 \$1,000,000

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

CERTIFICATE HOLDER		CANCELLATION	
<p>*FOR INFORMATIONAL PURPOSES ONLY*</p> <p>XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX</p>		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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