



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 X Relocation ___ Relocation of Repair Area

Owner or Legal Representative Information: Tracy Adams

Name: Tracy and April Adams

Mailing address: 236 Looping Ct City: Angier State: NC Zip: 27501 Phone: 410-977-3477

Email: tracy.adams68@yahoo.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 #28 (Tobacco Road) Cultivator Ct. - Angier, NC 27501

Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-05-9097

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (g)

Daily Design Flow: 480 gallons/day

Saprolite System: ___ Yes X No Subsurface Operator Required: ___ Yes X No

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

Facility Type:

X 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: _____

Requird Attachments:

x Plat or Siteplan

x Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 9th day of May 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 9th day of May 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature of Owner or Legal Representative: Tracy Adams

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@bcsoil.com

May 12, 2025
Project #1215

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

RE: Tobacco Road -Lot #28 Looping Ct. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-05-9097) for Tracy and April Adams.

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 relocation design for the existing single-family home sized for a 480 gallon/day septic system. A portion of the existing system is being located in order to accommodate a new pool in which the location would encroach on a portion of the existing septic system if not relocated.

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 existing home was sized based on a flow rate of 480 gallons/day and utilizing Accepted Status system for the initial and a PPBPS repair system. The relocation design will be performed according to the attached design drawing.

The septic installer contractor shall install the relocation on contour, see attached site plan for relocation design.

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 flag 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.

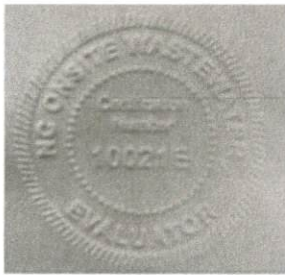
This report does not guarantee the future function of any waste water disposal system installed.

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





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, 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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY 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)

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

OWNER: Davidson Homes LLC

ADDRESS:

PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd

LOCATION OF SITE: 236 Looping Ct., Angier, NC, 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

APPLICATION DATE:

DATE EVALUATED: 07/1/24

PROPERTY SIZE:

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/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/5%	0-14	GR/LS	VFR,NS,NP,SEXP	32	N/A	N/A	N/A	P.S/.35
		14-36	SBK/SCL	FR,SS,SP,SEXP					
2	Linear Slope/5%	0-20	GR/LS	VFR,NS,NP,SEXP	N/A	N/A	N/A	N/A	P.S/.4
		20-36	SBK/SCL	FR,SS,SP,SEXP					
3	Linear Slope/5%	0-26	GR/LS	VFR,NS,NP,SEXP	N/A	N/A	N/A	N/A	P.S/.4
		26-36	SBK/SCL	FR,SS,SP,SEXP					
4	Linear Slope/5%	0-21	GR/LS	VFR,NS,NP,SEXP	N/A	N/A	N/A	N/A	P.S/.4
		21-36	SBK/SCL	FR,SS,SP,SEXP					

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	0.35	0.4	

COMMENTS:
 Updated February 2014

Harnett County PIN: 0693-05-9097

