North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct
<u>x</u> New <u>Expansion</u> Repair Relocation Relocation of Repair Area
Owner or Legal Representative Information: Teri Treffzs     Name: Drees Homes Company     Mailing address: 211 Grandview Drive - Suite 102 City: Ft. Mitchell State: KY Zip: 41017     Phone: 919-256-5478     Email: ttreffzs@dreeshomes.com
Authorized Onsite Wastewater Evaluator Information:Name: Alex AdamsCertification #: AOWE# 10021EMailing address: 1676 Mitchell RoadCity: AngierState: NCState: 919-414-6761Email: alexadams@bcsoil.com
Site Location Information: Site address: Lot #33 (Tobacco Road) Looping Ct Angier, NC 27501 Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-15-7685 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   Other:
Facility Type:    X_Residential4 # Bedrooms8 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 <u>1st Day of May 2024</u> 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 <u>1st day of May 2029</u> .
Signature of Authorized Onsite Wastewater Evaluator: Signature of Owner or Legal Representative: Bradley Weckley
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 1, 2024 Project #1215

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

RE: Tobacco Road -Lot #33, Looping Ct - Angier, NC - 4-bedroom Single Family Residence

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.

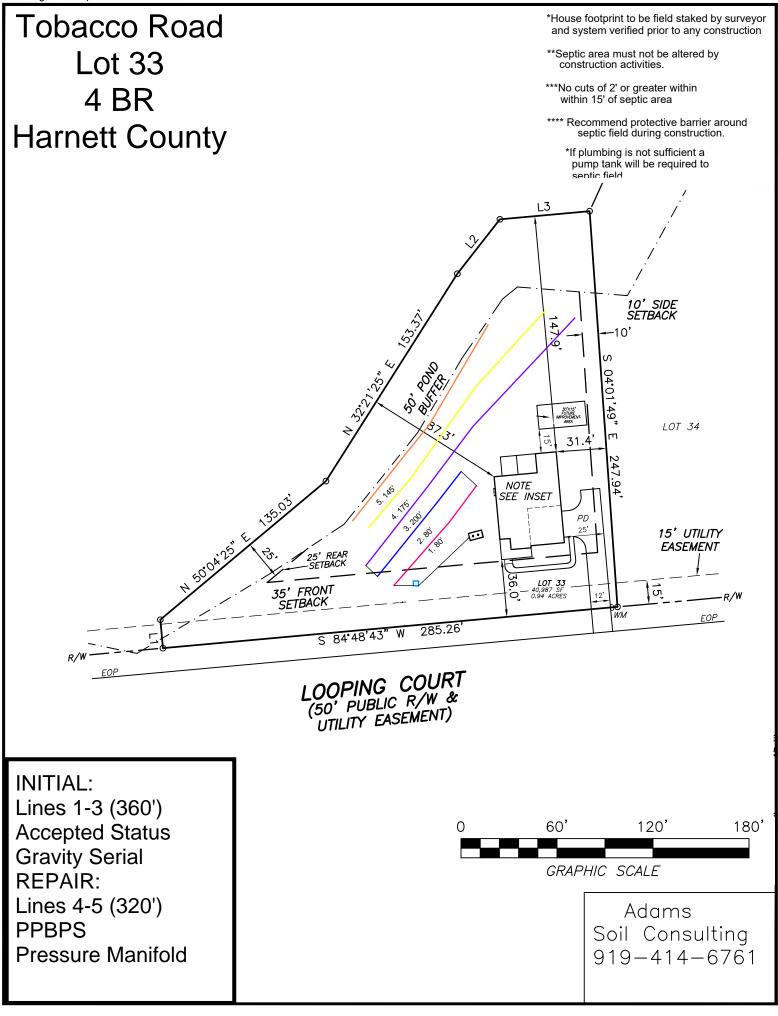
Sincerely,

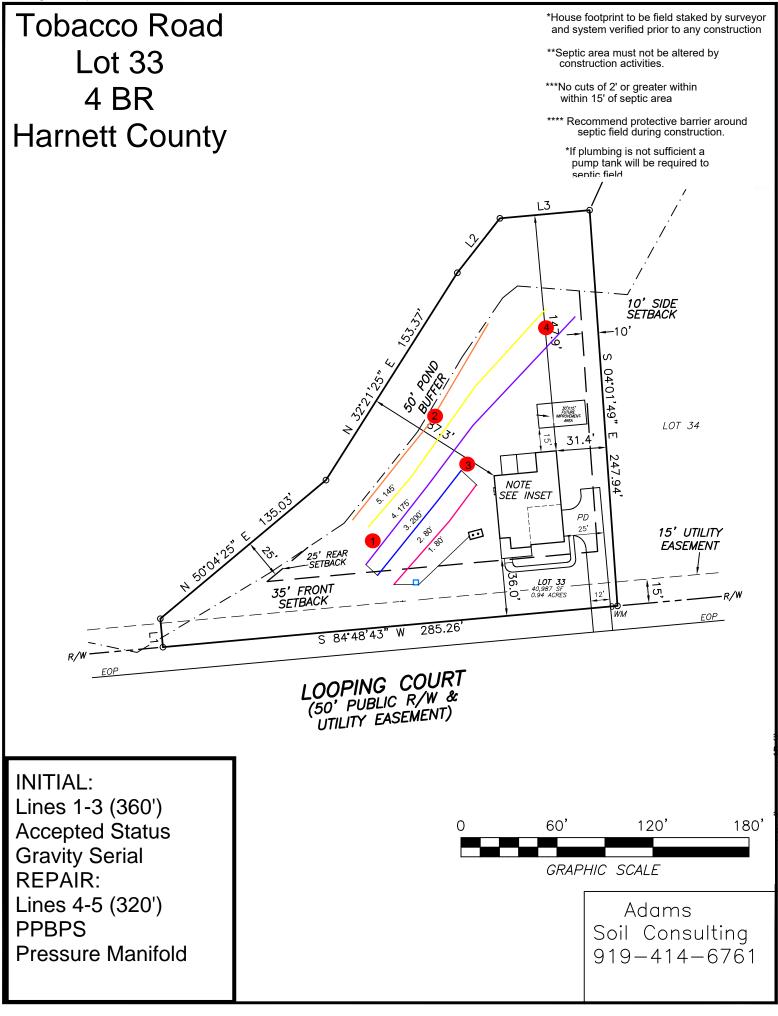
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Alex Adams NC Licensed Soil Scientist #1247 AOWE Certification: 10021E









rees Home Comp				oil Consult			
roos Homo Comp	i						
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	any		P.I.N. #:	<u>0693-15</u>	<u>-7685</u>	County	<u>Harnett</u>
1 -1 #22				Cub dia Tab	Deed	1	22
<u>LOL #33</u>	<u>- Looping Ci</u>	<u>- Angler, NC</u>			acco Road	LOT#:	<u>33</u>
4	Daily Flow:	480	gal/dav	Initial L.	T.A.R.:	0.3500	gal/day/sq.ft
<u> </u>						0.3500	gal/day/sq.ft
<u>1000</u>	gals	Pump Tank:	<u>N/A</u>	gals	Sq. Foot:	<u>1080</u>	Stone Depth:
		-					
		Li	ne Lengt	hs			
	rod read	Elevation		Initial			
			-				
Orange			145	Repair			
	1		1				
	total	feet =	680				
Franch Langth	360		Initial System		Accented S	tatue	
rench Length	300						
			initial System			<u> </u>	
Trench Length	320		Repair System Type: PP		PPBPS		
s 4-5					epth:	24"	
	4 <u>1000</u> color Red Blue Purple Yellow Orange	4 Daily Flow:   1000 gals   1000 gals   color rod read   Red rod read   Blue rod read   Purple Yellow   Orange total   Trench Length 360	1000   gals   Pump Tank:     1000   gals   Pump Tank:     Image: Second structure   Image: Second structure   Image: Second structure     Color   rod read   Elevation     Red   Image: Second structure   Image: Second structure     Purple   Yellow   Image: Second structure     Orange   Image: Second structure   Image: Second structure     Image: Trench Length   360   Image: Second structure	4   Daily Flow:   480   gal/day     1000   gals   Pump Tank:   N/A     1000   gals   Initial System   80     1000   gals   Initial System   Initial System     1000   gals   gals   Initial System	4   Daily Flow:   480   gal/day   Initial L.     1000   gals   Pump Tank:   N/A   gals     1000   gals   Initial   Initial     1000   rod read   Elevation   length     Red   80   Initial     Blue   80   Initial     Purple   200   Initial     Yellow   175   Repair     Orange   145   Repair     i   feet =   680     i   Initial System Type:   Initial System Max Trench De     i   Initial System Max Trench De   Initial System Max Trench De     Trench Length   320   Repair System Type:	$\underline{4}$ Daily Flow: $\underline{480}$ gal/dayInitial L.T.A.R.: Repair L.T.A.R.:1000galsPump Tank: $\underline{N/A}$ galsSq. Foot:1000galsPump Tank: $\underline{N/A}$ galsSq. Foot:1000rod readElevationlengthInitial1000rod readElevationlengthInitial1000rod readElevationlengthInitial1000rod readElevationlengthInitial1000rod readElevationlengthInitial1000rod readElevationlengthInitial1000rod readInitialInitialInitial1000rod readInitialInitialInitial1000rod readfeet =680Initial1000Initial System Type:Accepted StateInitial System Max Trench Depth:1000Initial System Max Trench DepthInitial StateInitial State	4   Daily Flow:   480   gal/day   Initial L.T.A.R.:   0.3500     1000   gals   Pump Tank:   N/A   gals   Sq. Foot:   1080     1000   gals   Pump Tank:   N/A   gals   Sq. Foot:   1080     1000   gals   Pump Tank:   N/A   gals   Sq. Foot:   1080     1000   gals   Pump Tank:   N/A   gals   Sq. Foot:   1080     1000   gals   Pump Tank:   N/A   gals   Sq. Foot:   1080     1000   gals   Initial   Initial   Initial   Initial   Initial     Red   80   Initial   Initial   Initial   Initial   Initial     Purple   200   Initial   Ini

## SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

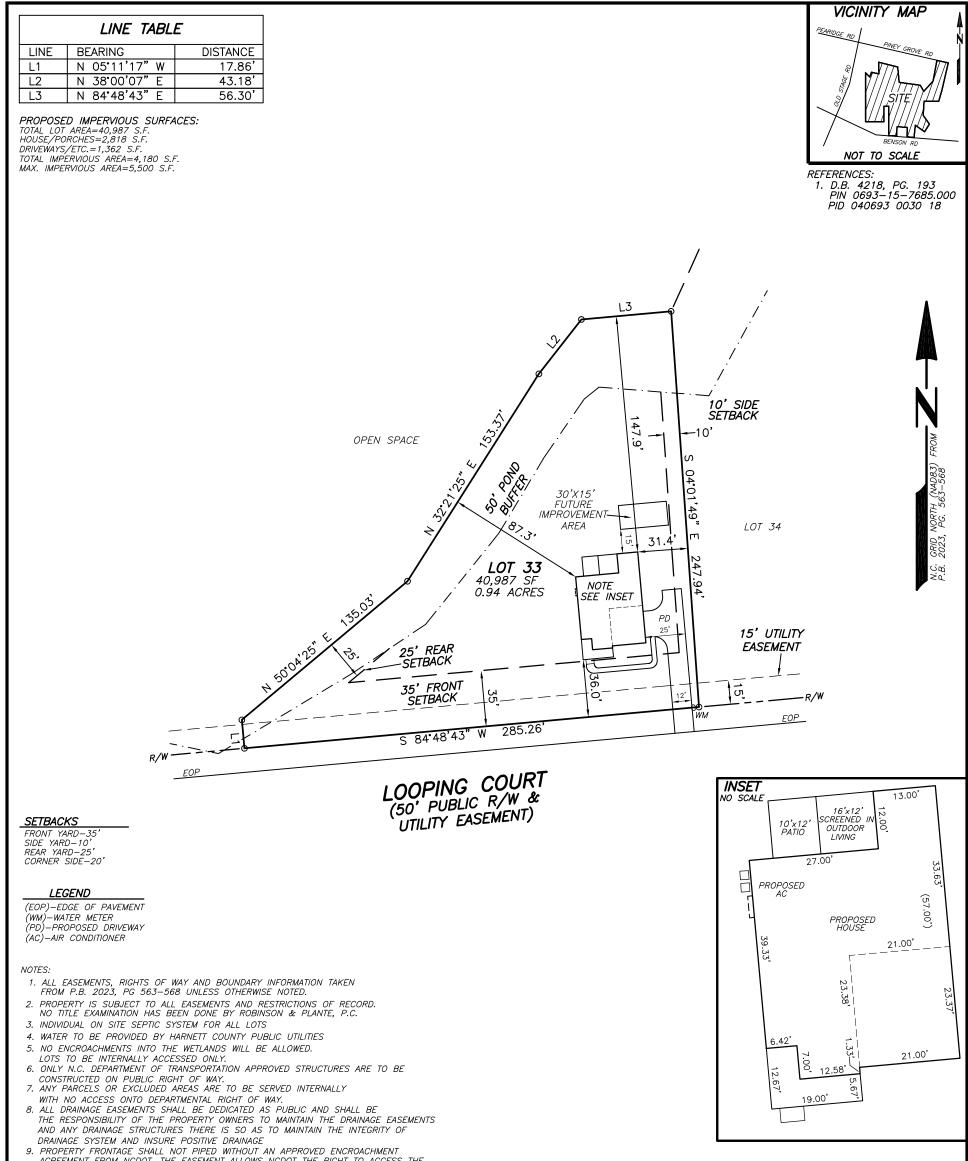
OWNER: Drees HomesAADDRESS:DPROPOSED FACILITY: Single Family, 5-bedroomPROPOSED DESIGN FLOW (.1949): 600 gpdLOCATION OF SITE: Looping Ct. Angier, NC, 27501WATER SUPPLY: Public WaterEVALUATION METHOD: Auger BoringTYPE OF WASTEWATER: Sewage

APPLICATION DATE: DATE EVALUATED: 04/17/2024 PROPERTY SIZE: .94 Acres

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)		RPHOLOGY 1941)	FA				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear	0-40	GR/SL	VFR,NS,NP,SEXP	N.O	46"	N.O	N.O	P.S .35
1	Slope/5%	40-46	SBK/SCL	FR,SS,SP,SEXP					
	Linear Slope/5%	0-30	GR/SL	VFR,NS,NP,SEXP	N.O	40"	N.O	N.O	P.S .35
		30-40	SBK/SCL	FR,SS,SP,SEXP					
	Linear	0-34	GR/SL	VFR,NS,NP,SEXP	N.O	40"	N.O	N.O	P.S .35
3	Slope/5%	34-40	SBK/SCL	FR,SS,SP,SEXP					
	Linear	0-26	GR/SL	VFR,NS,NP,SEXP		36"	N.O	N.O	P.S .35
-	Slope/5%	26-36	SBK/SCL	FR,SS,SP,SEXP	36"				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):					
Available Space (.1945)	S	s	SITE CLASSIFICATION (.1948): U/PS					
System Type(s)	Type III G Type III B		EVALUATED BY:A. Adams OTHER(S) PRESENT:					
Site LTAR	0.35	0.35						
COMMENTS								

Updated February 2014



AGREEMENT FROM NCDOT. THE EASEMENT ALLOWS NCDOT THE R. DRAINAGE EASEMENTS AND PERFORM WORK IT DEEMS NECESSAR TO ALLEVIATE ANY ISSUES JEOPARDIZING THE INTEGRITY OF THE <b>PRELIMINARY PLAT– NOT FOR RECORDAT</b> <b>CONVEYANCE, OR SALE</b>	OR PRUDENT ROADWAY.	SURVEY FOR DREES HOMES
LOT 33 TOBACCO ROAD SUBDIVISION PHASE 1 & 3 LOOPING COURT HARNETT COUNTY ANGIER, NC 27501 REFERENCE: PL;AT BOOK 2023 PAGE 5		0 60' 120' 180' GRAPHIC SCALE
I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DESCRIPTION RECORDED IN <u>REFERENCES AS SHOWN;</u> THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN; THAT THE RATIO OF PRECISION IS 1:10,000; AND THAT THIS MAP MEET THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.16000). THISDAY OF, 2024.	WEMBLEY ELEV. G SEALED CRAWL SPACE SCREENED IN OUTDOOR LIVING PATIO GARAGE RIGHT SIDE	ROBINSON & PLANTE PC LAND SURVEYING C-2687 970 TRINITY ROAD RALEIGH, N.C. 27607 PHONE (919) 859–6030 FAX (919) 859–6032
PROFESSIONAL LAND SURVEYOR L-4433		DATE: 4-4-24 SCALE: 1"=60'

DocuSign Envelope ID: 7A618B8F-4E4A-4647-AE45-9FE458BF1BCE

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ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE								MM/DD/YYYY) 17/2024		
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 pol	cy, certa	in pol	<i>i</i> <b>i</b>							
PRODUCER		. ,		CONTAC	T Angela S	Sensenig				
Wade Associates, LLC				PHONE	Ext): (252)	631-5269	FAX (A/C, No):	(252)649	-2443	
250 Pollock St.				(A/C, No, Ext): (252/031-5205 (A/C, No): (252/039-2433 E-MAIL ADDRESS: asensenig@wadeict.com						
					NAIC #					
New Bern NC	28560			INSURER(S) AFFORDING COVERAGE					38970	
INSURED				INSURE	RB:					
Alex Adams, DBA: Adams Soil	Consul	ting		INSURE	R C :					
1676 Mitchell Rd.				INSURE	RD:					
				INSURE	RE:					
Angier NC	27501			INSURE	RF:					
	-	-	NUMBER: 24-25				REVISION NUMBER:	DEDIO		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU	REQUIREI PERTAIN, CH POLIC	/IENT, THE I IES. L	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	NY CONT	RACT OR OTH	IER DOCUMEI BED HEREIN I	NT WITH RESPECT TO WHI	СН ТНІЗ		
INSR LTR TYPE OF INSURANCE	ADD INSE	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
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	\$		
							PRODUCTS - COMP/OP AGG	\$		
OTHER:							COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
AUTOS AUTOS NON-OWNEE							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS							(Per accident)	\$ \$		
								\$ \$		
							AGGREGATE	\$ \$		
DED     RETENTION \$       WORKERS COMPENSATION		+					PER OTH- STATUTE ER	φ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		·					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Errors & Omissions			ME01118-06		1/31/2024	1/31/2025	General Aggregate	,	\$1,000,000	
					1, 51, 2021	1, 51, 2025	Each Occurrence		\$1,000,000	
									<i>q</i> <sub>1</sub> ,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
				CANCELLATION						
*FOR INFORMATIONAL PURPOSES ONLY* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				AUTHORIZED REPRESENTATIVE						
				N Whi	tsett/RACI		N. Reed b		-	
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