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 #63 (Tobacco Road) Grading Stick Ct Angier, NC 27501 Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-25-9658 County: Harnett									
System Information: Accepted Status Wastewater System Type: Type III (g) Daily Design Flow: 600 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_Residential5 # Bedrooms10 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>24th 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>24th day of May 2029</u> .									
Signature of Authorized Onsite Wastewater Evaluator: Signature of Owner or Legal Representative: Bradley Wetley									
Signature of Owner or Legal Representative: Unawy www.generative: 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 3, 2024 Project #1215

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

RE: Tobacco Road -Lot #63, Grading Stick Ct. - Angier, NC - 5-bedroom Single Family Residence (PIN# 0693-25-9658)

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 600 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 600 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.

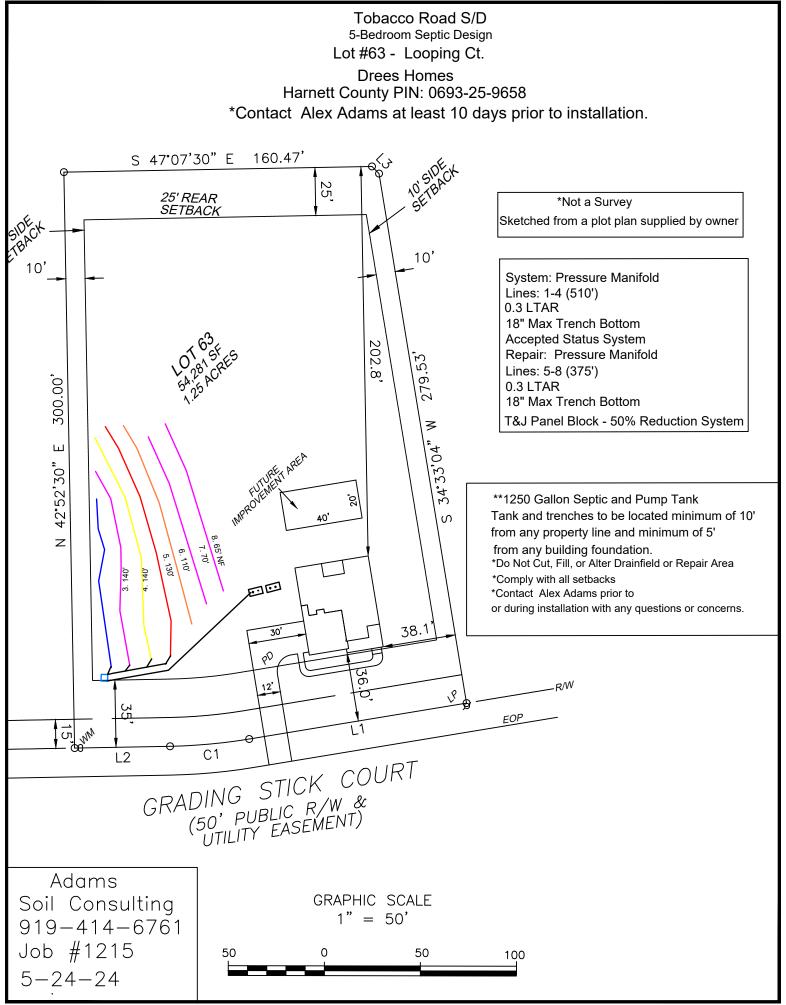
If you have any questions regarding the findings on the attached site plan or in this report, please feel free to contact me anytime.

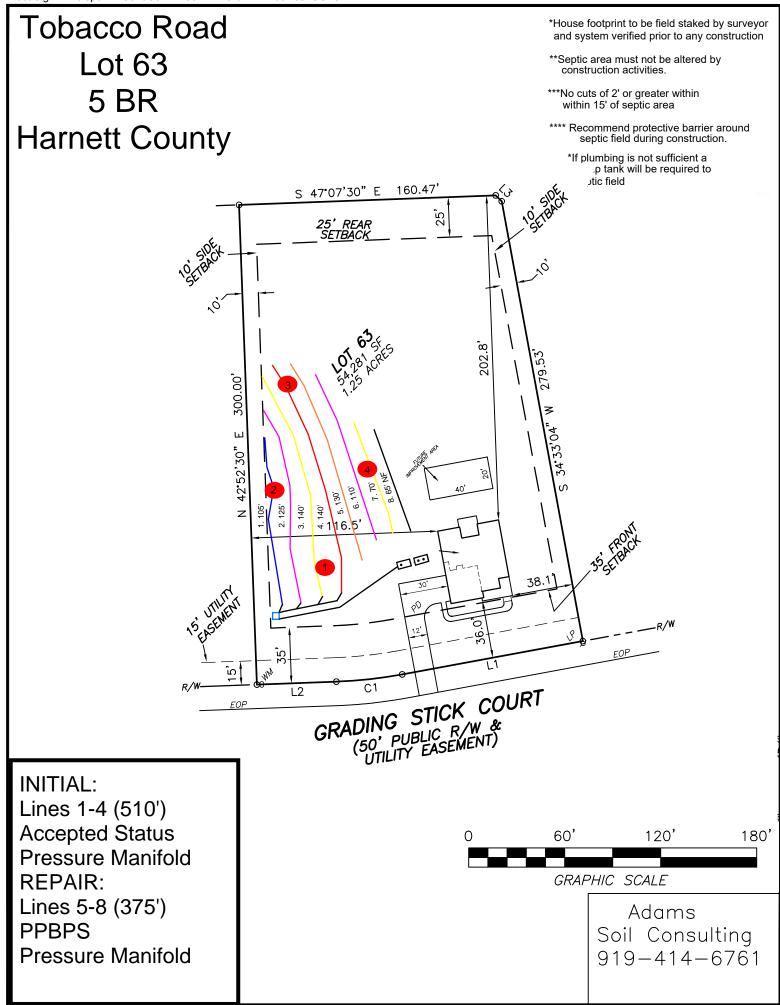
Sincerely,

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









RESIDENTIAL PRESSURE MANIFOLD DESIGN									
Lot 63 - Tobacc <mark>o Raod</mark>	Drees Homes								
# of BDR: <u>5</u>	Daily Flow: <u>60</u>	<u>0</u> gal/day L.T.A.R.:	: <u>0.3000</u> gal/day/sq.ft						
Septic Tank: 1250	gals Pump	Fank: <u>1250</u> gals	Sq. Foot: <u>1530</u> System Type: <u>Accepted</u>						
Number of Taps:	<u>3</u> Len	gth of Trenches: <u>510</u>	ft(See Tap Chart for Details)						
Depth of Trenches:	<u>ïè</u> in	Manifold Length:	n: <u>36</u> in						
Manifold Diameter:	<u>4in sch 80pvc</u>	Tap Configuration: 6 in s	spacing <u>1</u> side(s) of manifold						
Supply Line: length:	<u>130</u> ft	Diameter:	:: <u>2</u> in sch 40pvc						
Friction Loss + Fitting Loss: <u>3.02</u> ft(supply line length + 70' for fittings in pump tank)									
Design Head:	<u>2</u> ft	Elevation Head:	<u>7.00</u> ft						
Total Head: <u>12.02</u>	ft	Pump to Deliver:	:: <u>25.18</u> gals/min at <u>12.02</u> ft head						
Dosing Volume:	<u>232</u> gals,								
Drawdown: 232	gals divided by	<u>21.4</u> gals/in =	<u>10.8</u> inches						

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

				T		T						
в	Benchmark	0	is = 100.00	set at				Design Head:	2			
Pump	p tank elev.		11	88.00	Pump elev.	86.00		Manifold elev.	93.00			
				_							# of Panels	Spacing of
	line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	(PPBPS)	Panels (in)
	1	Blue	5.00	95.00	105	1/2in SCH 80	5.48	130.58	315	0.4145		
	2	Pink	5.70	94.30	125	1/2in SCH 80	5.48	130.58	375	0.3482		
	3	Yellow	6.50	93.50	140	1/2in SCH 40	7.11	169.42	420	0.4034		
	4	Red	7.20	92.80	140	1/2in SCH 40	7.11	169.42	420	0.4034		
				Total Feet =		gal/min =	25.18		<u>LTAR =</u>	0.3000		
				Feet Required =		Velocity =	2.41		(Itar + 5%)	0.3150		
	# of Panels (I	PPBPS)			Des. Flow	600			(Itar w/25% red)	0.4000		
	Dose Vol.		70		Pump Run=	23.83			(ltar + 5%)	0.4200		
	Volume		232		Tank Gal/IN	21.4						
Dose	Pump Time		9.22		Elev. Head	7.00						
Draw	down in Inche	es	10.8									
Con	nments:											

APPLICATION DATE:

Sewage

DATE EVALUATED: 04/17/2024

PROPERTY SIZE: 1.25 Acres

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Drees Homes, ADDRESS: PROPOSED FACILITY: Single Family, 5-bedroom PROPOSED DESIGN FLOW (.1949): 600 gpd LOCATION OF SITE: Grading Stick Ct., Angier, NC, 27501 WATER SUPPLY: Public Water EVALUATION METHOD: Auger Boring TYPE OF WASTEWATER:

Р R SOIL MORPHOLOGY **OTHER PROFILE** 0 (.1941) **FACTORS** F I .1940 L LANDSCAPE HORIZON Е DEPTH PROFILE POSITION/ .1942 **SLOPE %** (IN.) CLASS # .1943 SOIL .1944 .1941 .1941 .1956 STRUCTURE/ CONSISTENCE/ WETNESS/ SOIL RESTR & LTAR **SAPRO** DEPTH TEXTURE MINERALOGY COLOR CLASS HORIZ VFR,NS,NP,SEXP N.O 40" Linear 0-26 GR/SL N.O N.O P.S/.35Slope/8% FR,SS,SP,SEXP SBK/SCL 26-40 1 VFR,NS,NP,SEXP Linear GR/SL N.O 40" N.O N.O P.S.35 0-32 Slope/8% FR,SS,SP,SEXP 32-40 SBK/SCL 2 VFR,NS,NP,SEXP N.O N.O Linear GR/SL 33" N.O U/P.S.30-8Slope/8% FR,SS,SP,SEXP 8-33 SBK/C 3 33 M C VFI, EXP VFR,NS,NP,SEXP N.O N.O 40" N.O 0-28GR/SL P.S.35 Linear 4 Slope/8% 28-40SBK/SCL FR,SS,SP,SEXP

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):					
Available Space (.1945)	s	S	SITE CLASSIFICATION (.1948): U/PS					
System Type(s)	Type III B	Type III B	EVALUATED BY:A. Adams OTHER(S) PRESENT:					
Site LTAR	0.3	0.3						
COMMENTS								

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ACORD (CERT	IFICATE OF LIAE	BILITY INSU	JRANC	Ξ		17/2024	
THIS CERTIFICATE IS ISSUED AS A M	CONFERS NO RIGH			-	-			
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 INSU REPRESENTATIVE OR PRODUCER, A			ONTRACT BETWEE	N THE ISSUI	NG INSURER(S), AUTHOP	RIZED		
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 endo	•		orsement. A stateme	ent on this ce	ertificate does not confer	rights	to the	
PRODUCER		,	CONTACT Angela	Sensenig				
Wade Associates, LLC			PHONE (A/C, No, Ext): (252)	631-5269	FAX (A/C, No):	(252)649	-2443	
250 Pollock St.			E-MAIL ADDRESS: asensen	ig@wadeict				
			INSURER(S) AFFORDING COVERAGE NAIC					
New Bern NC 2	8560		INSURER A: Markel Insurance Company 38970					
INSURED			INSURER B :					
Alex Adams, DBA: Adams Soil C	onsulti	ng	INSURER C :					
1676 Mitchell Rd.			INSURER D :					
And an NG C	7501		INSURER E :					
3		TE NUMBER: 24-25	INSURER F :		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES	-	-	EN ISSUED TO THE IN			PERIOD)	
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCI	RTAIN, TH	IE INSURANCE AFFORDED BY 1	THE POLICIES DESCR	IBED HEREIN				
INSR	ADDL S	UBR	POLICY EFF		LIMITS	5		
LTR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY			(MM/DD/YYYY)		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:						\$		
					COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO					BODILY INJURY (Per person)	\$		
AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
HIRED AUTOS					(Per accident)	\$ \$		
					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MA					AGGREGATE	\$ \$		
DED RETENTION \$						\$		
WORKERS COMPENSATION					PER OTH- STATUTE ER	Ŧ		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE					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	
					Each Occurrence		\$1,000,000	
				<u> </u>				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedule, m	nay be attached if more spa	ce is required)				
CERTIFICATE HOLDER		CANCELLATION						
					SCRIBED POLICIES BE CAN		DBEFORE	
*FOR INFORMATIONAL PUR	ACCORDANCE WI		F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
xxxxxxxxxxxxxxxxxxx			AUTHORIZED REPRESENTATIVE					
			N Whitsett/RACHEL					
					IV. feel N			
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