Signature of Local Health Department Representative:



North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct

x_New ExpansionRepair RelocationRelocation 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 Adams Certification #: AOWE# 10021E									
Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501									
Phone: 919-414-6761 Email: alexadams@bcsoil.com									
Thomas 17 11 0/01									
Site Location Information:									
Site address: Lot #42 (Tobacco Road) 178 Golden Leaf Farms Road - Angier, NC 27501									
Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-24-2986									
County: Harnett									
System Information: Accepted Status Wastewater System Type: Type III (g)									
Daily Design Flow: 480 gallons/day									
Saprolite System:YesXNo Subsurface Operator Required:YesXNo									
Water Supply Type:Private WellX_Public Water SupplySpringOther:									
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:									
xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist									
Attest: On this the 19 Day of August 2024 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 19th day of August 2029.									
Signature of Authorized Onsite Wastewater Evaluator: Welly									
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:									

Date:

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

alexadams@bcsoil.com

August 20, 2024 Project #1215

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

RE: Tobacco Road -Lot #42, 178 Golden Leaf Farms Road. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-24-2986)

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.

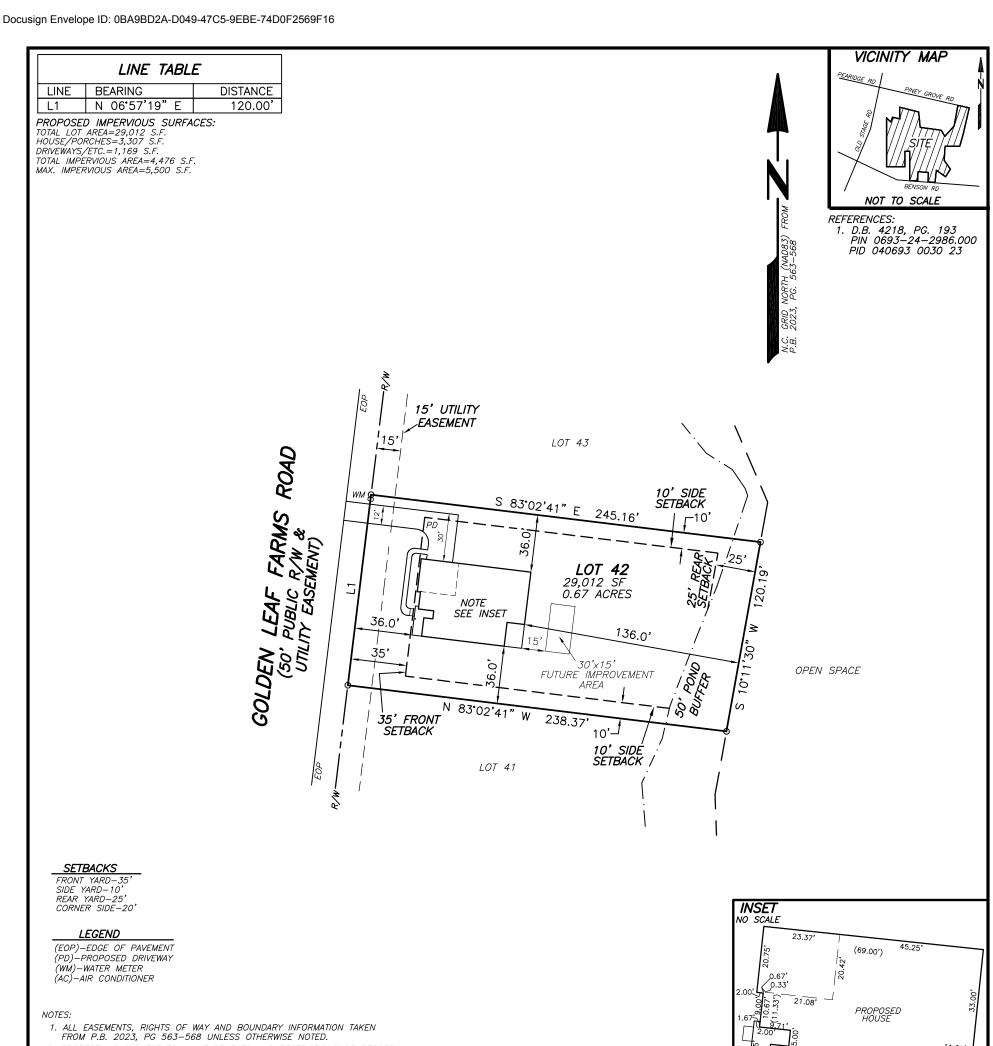
Sincerely,

Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E







- PROPERTY IS SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD.
 NO TITLE EXAMINATION HAS BEEN DONE BY ROBINSON & PLANTE, P.C.
 INDIVIDUAL ON SITE SEPTIC SYSTEM FOR ALL LOTS
- 4. WATER TO BE PROVIDED BY HARNETT COUNTY PUBLIC UTILITIES
- 5. NO ENCROACHMENTS INTO THE WETLANDS WILL BE ALLOWED. LOTS TO BE INTERNALLY ACCESSED ONLY.

 6. ONLY N.C. DEPARTMENT OF TRANSPORTATION APPROVED STRUCTURES ARE TO BE
- CONSTRUCTED ON PUBLIC RIGHT OF WAY.

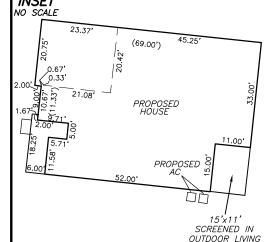
 7. ANY PARCELS OR EXCLUDED AREAS ARE TO BE SERVED INTERNALLY
- WITH NO ACCESS ONTO DEPARTMENTAL RIGHT OF WAY.

 8. ALL DRAINAGE EASEMENTS SHALL BE DEDICATED AS PUBLIC AND SHALL BE
 THE RESPONSIBILITY OF THE PROPERTY OWNERS TO MAINTAIN THE DRAINAGE EASEMENTS
 AND ANY DRAINAGE STRUCTURES THERE IS SO AS TO MAINTAIN THE INTEGRITY OF
 DRAINAGE SYSTEM AND INSURE POSITIVE DRAINAGE
- PROPERTY FRONTAGE SHALL NOT PIPED WITHOUT AN APPROVED ENCROACHMENT
 AGREEMENT FROM NCDOT. THE EASEMENT ALLOWS NCDOT THE RIGHT TO ACCESS THE DRAINAGE EASEMENTS AND PERFORM WORK IT DEEMS NECESSARY OR PRUDENT TO ALLEVIATE ANY ISSUES JEOPARDIZING THE INTEGRITY OF THE ROADWAY.

PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCE, OR SALE

LOT 42 TOBACCO ROAD SUBDIVISION PHASE 1 & 3 178 GOLDEN LEAF FARMS ROAD HARNETT COUNTY ANGIER, NC 27501

563–568 REFERENCE: PLAT BOOK _2023_PAGE



DREES HOMES 180' 60' 0 120' GRAPHIC SCALE

SURVEY FOR

FILE: TBRDLOT42PP

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DESCRIPTION RECORDED IN REFERENCES AS THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN THAT THE 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). _DAY OF

PROFESSIONAL LAND SURVEYOR L-4433

PARKETTE ELEV. B SEALED CRAWL SPACE SCREENED IN OUTDOOR LIVING GARAGE LEFT SIDE

ROBINSON & PLANTE PC

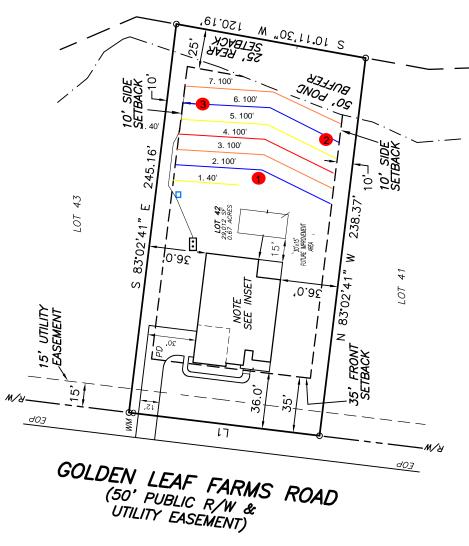
LAND SURVEYING *C-2687* 970 TRINITY ROAD RALEIGH, N.C. 27607 PHONE (919) 859-6030 FAX (919) 859-6032

DATE: 7-22-24

SCALE: 1"=60'

Tobacco Road Lot 42 4 BR Harnett County

OPEN SPACE



*House footprint to be field staked by survey and system verified prior to any constructic

*Septic area must not be altered by construction activities.

***No cuts of 2' or greater within within 15' of septic area

Recommend protective barrier around septic field during construction.

*If plumbing is not sufficient a septic field

pump tank will be required to

INITIAL:

Lines 4-7 (400') **Accepted Status Gravity Parallel REPAIR:** Lines 1-3 (240') **PPBPS Gravity Serial**



Adams Soil Consulting 919-414-6761

Tobacco Road Lot 42 4 BR Harnett County

S 83'02'41" E 245.16' SETBACK

SEE INSET

NOTE

SEE INSET

SETBACK

OPEN SPACE

*House footprint to be field staked by survey and system verified prior to any constructic E0P

**Septic area must not be altered by construction activities.

***No cuts of 2' or greater within within 15' of septic area

**** Recommend protective barrier around septic field during construction.

*If plumbing is not sufficient a pump tank will be required to septic field GOLDEN LEAF FARMS ROAD
(50' PUBLIC R/W &
UTILITY EASEMENT)

INITIAL: 20" trench bottom Lines 4-7 (400') Accepted Status Gravity Parallel REPAIR: Lines 1-3 (240') PPBPS Gravity Serial



Adams Soil Consulting 919-414-6761 LT Tre

LT Tre

Sheet 1 of 1 PROPERTY ID#0693-24-2986 COUNTY: Haenett

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Drees Homes LLC

ADDRESS:

APPLICATION DATE:

DATE EVALUATED: 08/19/2024

PROPERTY SIZE: .67 Acres

PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd LOCATION OF SITE: 178 Golden Leaf Farms., Angier, NC, 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

DVIID	EVALUATION METHOD: Auger Boring TYPE OF WASTEWATER: Sewage									
P R O F I L	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)		RPHOLOGY 1941)	FA					
E #			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR	
	Linear Slope/1%	0-22	GR/SL	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .35	
1		22-36	SBK/SCL	FR,SS,SP,SEXP						
	$C1_{ama}/10/$	0-8	GR/SL	VFR,NS,NP,SEXP	7.5YR 7/2 @	33"	N.O	N.O	U/P.S/.35	
2		8-33	SBK/SCL	FR,SS,SP,SEXP	33"					
	Linear Slope/1%	0-30	GR/SL	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S/.35	
		30-36	SBK/SCL	FR,SS,SP,SEXP						
3										
4										
							l			

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	0.35	0.35						

COMMENTS:

Updated February 2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2024

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.

th	IPORTANT: If the certificate holder is e terms and conditions of the policy, ertificate holder in lieu of such endors	certai	in pol									
PRO	DUCER		` ,		CONTACT Angela Sensenig							
Wad	e Associates, LLC	PHONE (A/C, No, Ext): (252)631-5269 FAX (A/C, No): (252)649-2443										
250 Pollock St.						E-MAIL ADDRESS: asensenig@wadeict.com						
					INSURER(S) AFFORDING COVERAGE NA							
New	Bern NC 28	560			INSURER A: Markel Insurance Company						38970	
INSU	RED				INSURE	RB:						
Ale	x Adams, DBA: Adams Soil Cor	sult	ting		INSURE							
167	6 Mitchell Rd.				INSURER D:							
					INSURER E :							
		501			INSURE	RF:						
				NUMBER: 24-25				REVISION NU		DED101		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH F	JIREN TAIN, POLIC	MENT, THE I IES. L	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	NY CONT THE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEI BED HEREIN I CLAIMS.	NT WITH RESPE	CT TO WHI	CH THIS		
insr Ltr	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Ea o	TED ccurrence)	\$		
								MED EXP (Any or	e person)	\$		
								PERSONAL & AD	V INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	/IP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY	Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY	Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA (Per accident)	(GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	۰٬۰۰						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
A	Errors & Omissions			MEO1118-06		1/31/2024	1/31/2025	General Aggregate			\$1,000,000	
								Each Occurrence			\$1,000,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 10	11, Additional Remarks Schedule, m	nay be atta	iched if more spac	ce is required)					
CERTIFICATE HOLDER						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						N Whitsett/RACHEL						

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