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
Thole. 717 414 0701 Ellian. diexadams@beson.com
Site Location Information:
Site address: Lot #34 (Tobacco Road) 52 Looping Ct Angier, NC 27501
Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-15-9745
County: Harnett
System Information: Accepted Status Wastewater System Type: Type III (g)
Daily Design Flow: 480 gallons/day
Saprolite System:YesX_No Subsurface Operator Required:YesX_No
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: x Plat or Siteplan
x Fiat_ot_Steeplanx 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 Wulley 8/20/2024 3:40:32 PM ED
Signature of Owner or Legal Representative: 5720/2024 3.40.32 PM ED
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 #34, 52 Looping Ct. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-15-9745)

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,

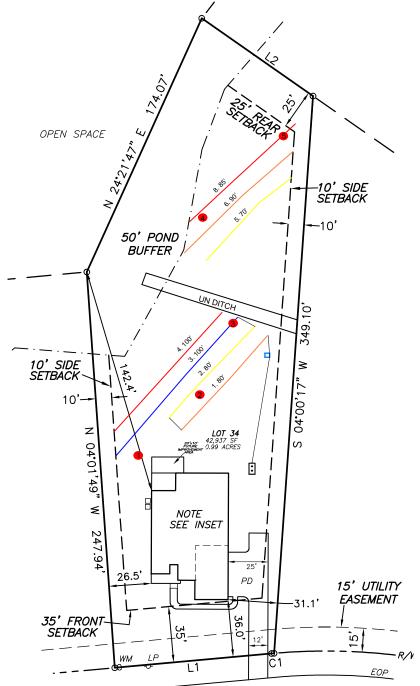
Alex Adams

NC Licensed Soil Scientist #1247 AOWE Certification: 10021E





Tobacco Road Lot 34 4 BR Harnett County



*House footprint to be field staked by surveyor and system verified prior to any construction

**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.

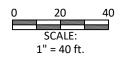
*If plumbing is not sufficient a pump tank will be required to septic field

INITIAL: 14"
Trench Bottom
Lines 1-4 (360')
Accepted Status
Gravity Serial
REPAIR:
Lines 5-7 (245')
PPBPS Pressure

Manifold

LOOPING COURT (50' PUBLIC R/W & UTILITY EASEMENT)

*6-8" of Soil cover required over initial drain field

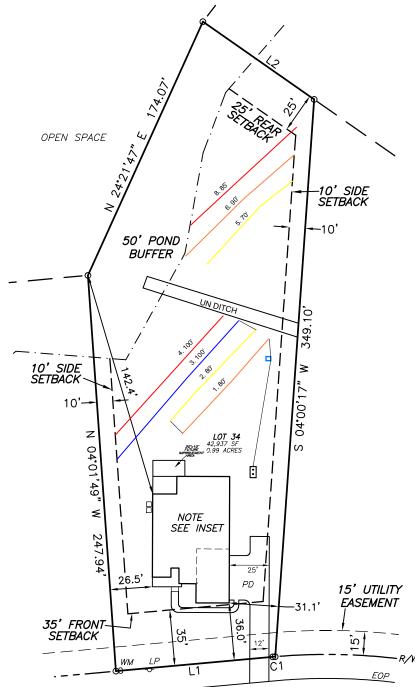


Adams Soil Consulting 919—414—6761 LT

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LT Tre

Tobacco Road Lot 34 4 BR Harnett County



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INITIAL:

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Accepted Status

Gravity Serial

TB: 14"

REPAIR:

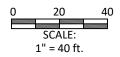
Lines 5-7 (245')

PPBPS

Pressure Manifold

TB: 20"

LOOPING COURT (50' PUBLIC R/W & UTILITY EASEMENT)



Adams
Soil Consulting
919-414-6761

Sheet 1 of 1 PROPERTY ID#0693-15-9745 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

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

PROPERTY SIZE: .99 Acres

LOCATION OF SITE: 211 Grandview., Angier, NC, 27501 WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

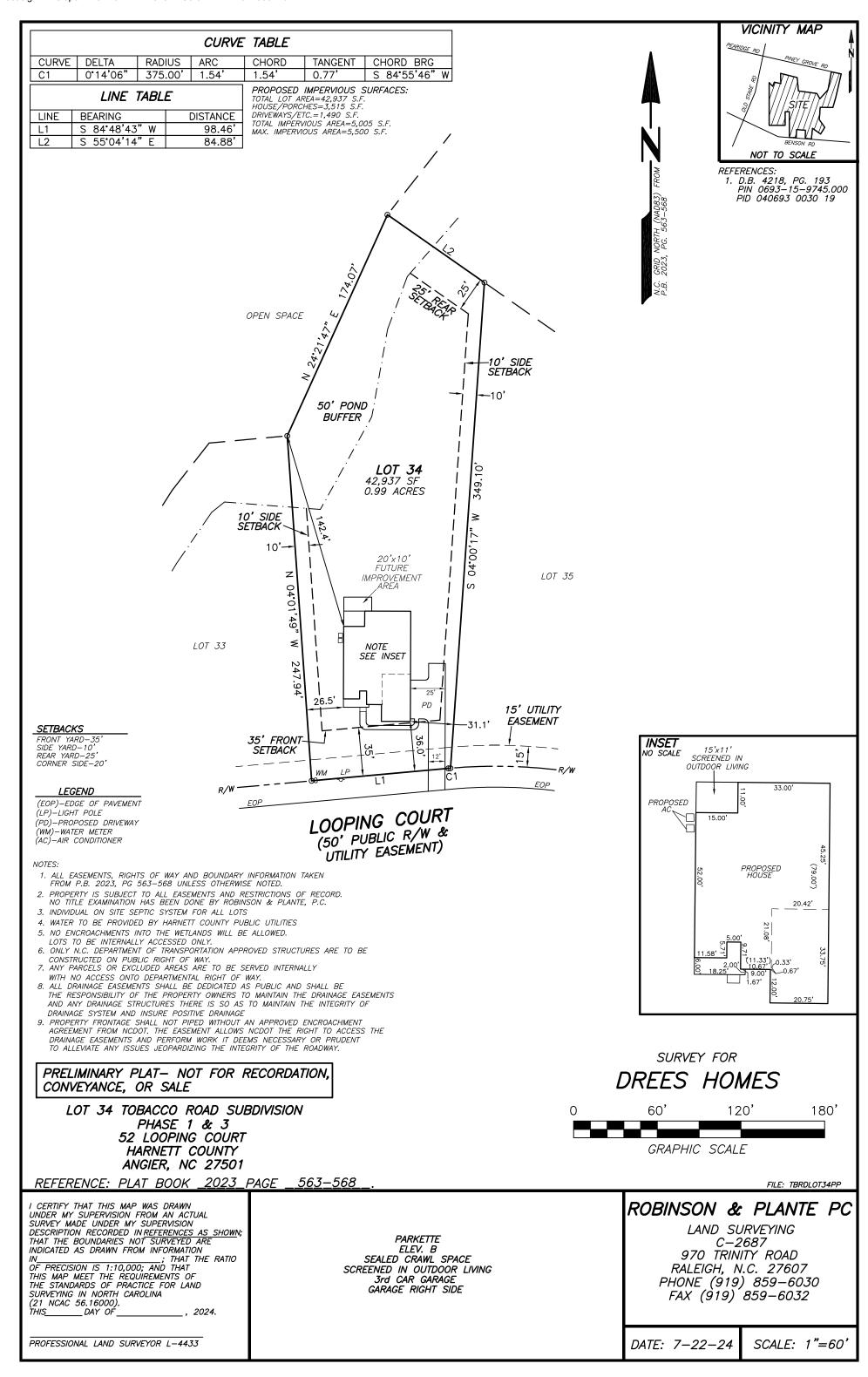
P R O F I L	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON		RPHOLOGY 1941)	FA				
#		DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear	0-25	GR/SL	VFR,NS,NP,SEXP	N.O	37"	N.O	N.O	P.S .35
	Slope/5%	25-37	SBK/SCL	FR,SS,SP,SEXP					
1									
	Linear Slope/5%	0-8	GR/SL	VFR,NS,NP,SEXP	N.O	30"	N.O	N.O	U/P.S/.35
		8-30	SBK/SCL	FR,SS,SP,SEXP					
2		30	M B/C	UN					
	Linear Slope/5%	0-5	GR/SL	VFR,NS,NP,SEXP	N.O	26"	N.O	N.O	U/P.S/.35
		5-26	SBK/SCL	FR,SS,SP,SEXP					
3		26	M B/C	UN					
							_	_	
	Linear Slope/5%	0-21	GR/SL	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .4
		21-36	SBK/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 G	Type III B	EVALUATED BY:A. Adams OTHER(S) PRESENT:					
Site LTAR	0.35	0.35						

COMMENTS:__

Updated February 2014

	ILE	ER PROFI	OTHI ACTORS	FA	RPHOLOGY	SOIL MO	HORIZON	.1940 LANDSCAPE POSITION/ SLOPE %	P R O F I L	
PROFILE CLASS & LTAR	.1944 RESTR HORIZ	.1956 SAPRO CLASS	.1943 SOIL DEPTH	.1942 SOIL WETNESS/ COLOR	.1941 CONSISTENCE/ MINERALOGY	.1941 STRUCTURE/ TEXTURE	DEPTH (IN.)		#	
P.S .35	N.O	N.O	32"	N.O	VFR,NS,NP,SEXP	GR/SL	0-16	Linear		
					FR,SS,SP,SEXP	SBK/SCL	16-32	Slope/5%		
									5	





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	n pol									
PRO	DUCER		` '		CONTAC NAME:	T Angela S	Sensenig					
Wade Associates, LLC						, Ext): (252)	631-5269		FAX (A/C, No):	252)649	-2443	
250 Pollock St.						_{SS:} asenseni		com	_(A/C, NO):			
					ADDRES						NAIC #	
Nev	Bern NC 28	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company						NAIC #				
INSU						38970						
	x Adams, DBA: Adams Soil Cor		ina		INSURE							
	6 Mitchell Rd.	ISUI	ıng		INSURE							
10	o Mitchell Rd.				INSURER D:							
_					INSURER E :							
		501			INSURER F:							
	VERAGES CEF			NUMBER: 24-25	-NI IOOII			REVISION NUM		CEDIOD		
IN C E	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH F	JIREM TAIN, POLICI	IENT, THE II IES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT	TO WHIC	H THIS		
insr Ltr	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$		
								MED EXP (Any one p		\$		
								PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE I (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Pe	r accident)	\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	=	\$		
	A0103							(i ci accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$	1								\$		
	WORKERS COMPENSATION	1						PER STATUTE	OTH- ER	<u> </u>		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	nl lr						E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EI		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$		
_							1 /21 /222		OT ENVITT	Ψ		
A	Errors & Omissions			MEO1118-06		1/31/2024	1/31/2025	General Aggregate			\$1,000,000	
								Each Occurrence			\$1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ached if more space	e is required)					
CF	RTIFICATE HOLDER	CANCELLATION										
	*FOR INFORMATIONAL PURP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	xxxxxxxxxxxxxxx				AUTHORIZED REPRESENTATIVE							
					N Whitsett/RACHEL							