



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 |
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| 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 |
| 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: Yes X_No Subsurface Operator Required: Yes X_No Water Supply Type: Private Well X_Public Water Supply Spring Other: |
| Facility Type: X_Residential4 # Bedrooms8Maximum # of Occupants Business |
| 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: Wlex Marmo |
| 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: 9-4-24 |
| Signature of Local Health Department Representative: Date: 4-4-24 |