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 #41(Tobacco Road) 154 Golden Leaf Farms Road - Angier, NC 27501 Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-24-2873 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 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>10th Day of October 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>10th day of October 2029</u> .
Signature of Authorized Onsite Wastewater Evaluatorisigned by: Willing 10/11/2024 1:48:41 PM EDT Signature of Owner or Legal Representative: 4E761125D09C444
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:

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761 alexadams@bcsoil.com

October 10, 2024 Project #1215

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

RE: Tobacco Road -Lot #41, 154 Golden Leaf Farms Road. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-24-2873)

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.

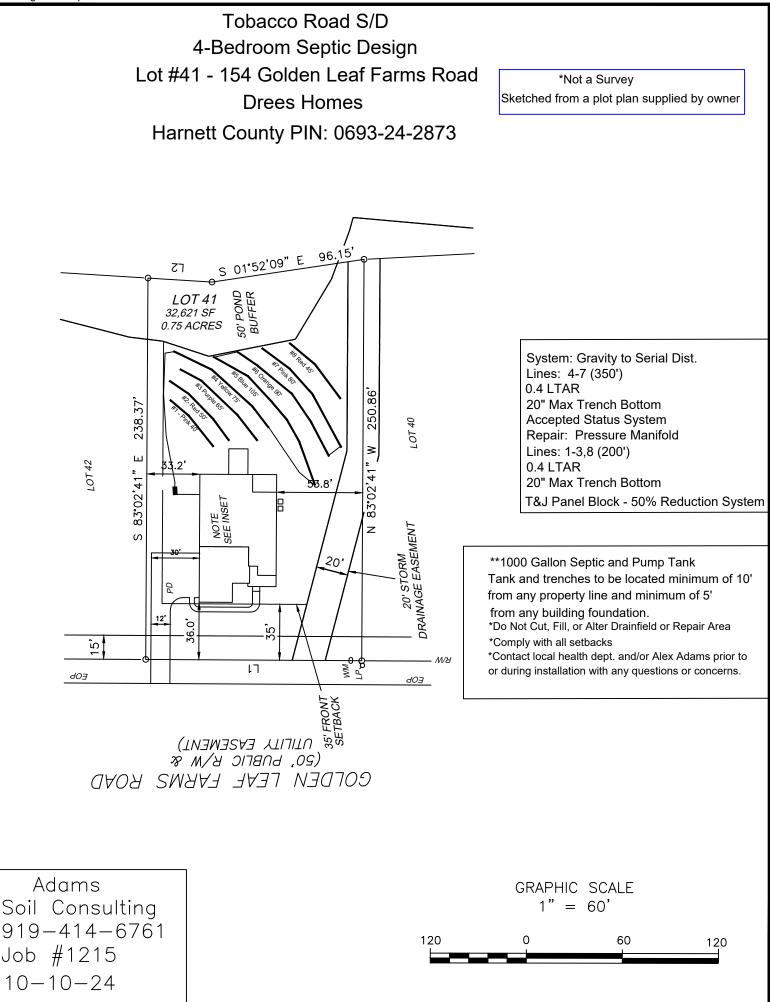
If you have any questions regarding the findings on the attached site plan or in this report, please feel free to contact me anytime.

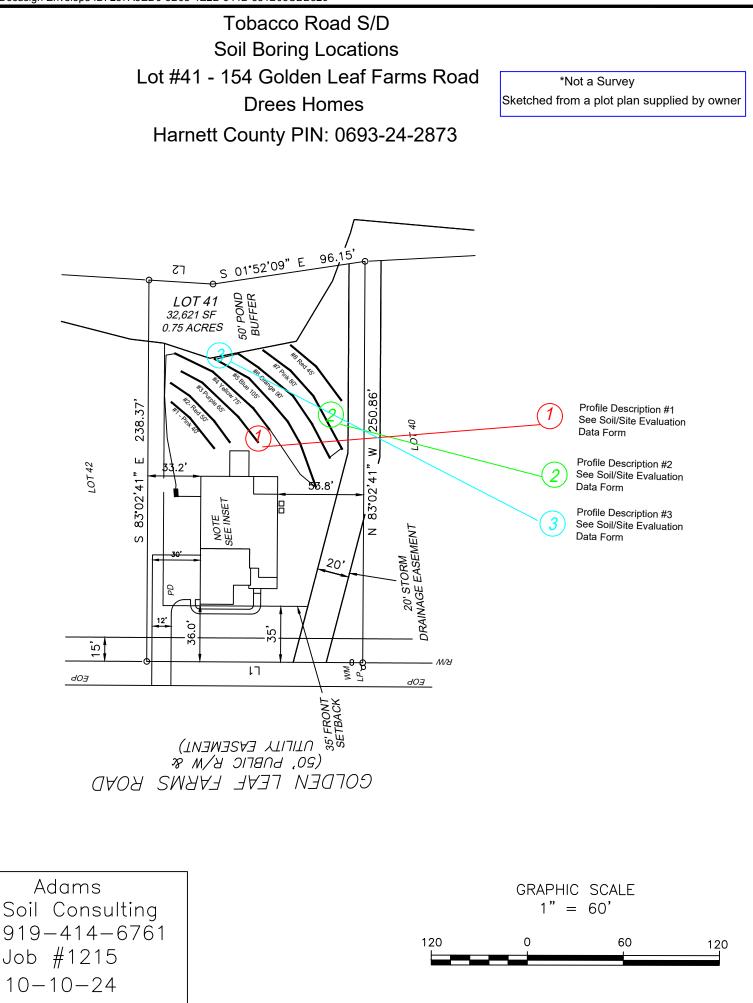
Sincerely,

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









Name:	Drees Home Comp	<u>any</u>		P.I.N. #:	0693-24-2873		County	<u>Harnett</u>
Address:	<u>154</u>	Golden Leaf I	Farm Road		Subdiv: Toba	acco Road	Lot#:	<u>41</u>
# of BDR:	<u>4</u>	Daily Flow:	<u>480</u>	gal/day	Initial L.		<u>0.4000</u>	gal/day/sq.ft
					Repair L.		<u>0.4000</u>	gal/day/sq.ft
Septic Tank:	<u>1000</u>	gals	Pump Tank:	<u>N/A</u>	gals	Sq. Foot:	<u>1050</u>	Stone Depth:
				_	_			
			Li	ne Lengt	hs			
line	color	rod read	Elevation	length				
1	Pink			40	Repair			
2	Red			50	Repair			
3	Purple			65	Repair			
4	Yellow			75	Initial			
5	Blue			105	Initial			
6	Orange			90	Initial			
7	Pink			80	Initial			
8	Red	1		45	Repair			
		total	feet =	550				
Initial Total Trench Length		350		Initial System Type:		Accepted S		
				Initial Syster	n Max Trench De	pth:	20"	
		200		Danal 6		PPBPS		
Repair Tota	Repair Total Trench Length 2			Repair System Type: Repair System Max Trench D			201	
				Repair Syste	m wax irench D	eptn:	20"	

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM (Complete all fields in full)

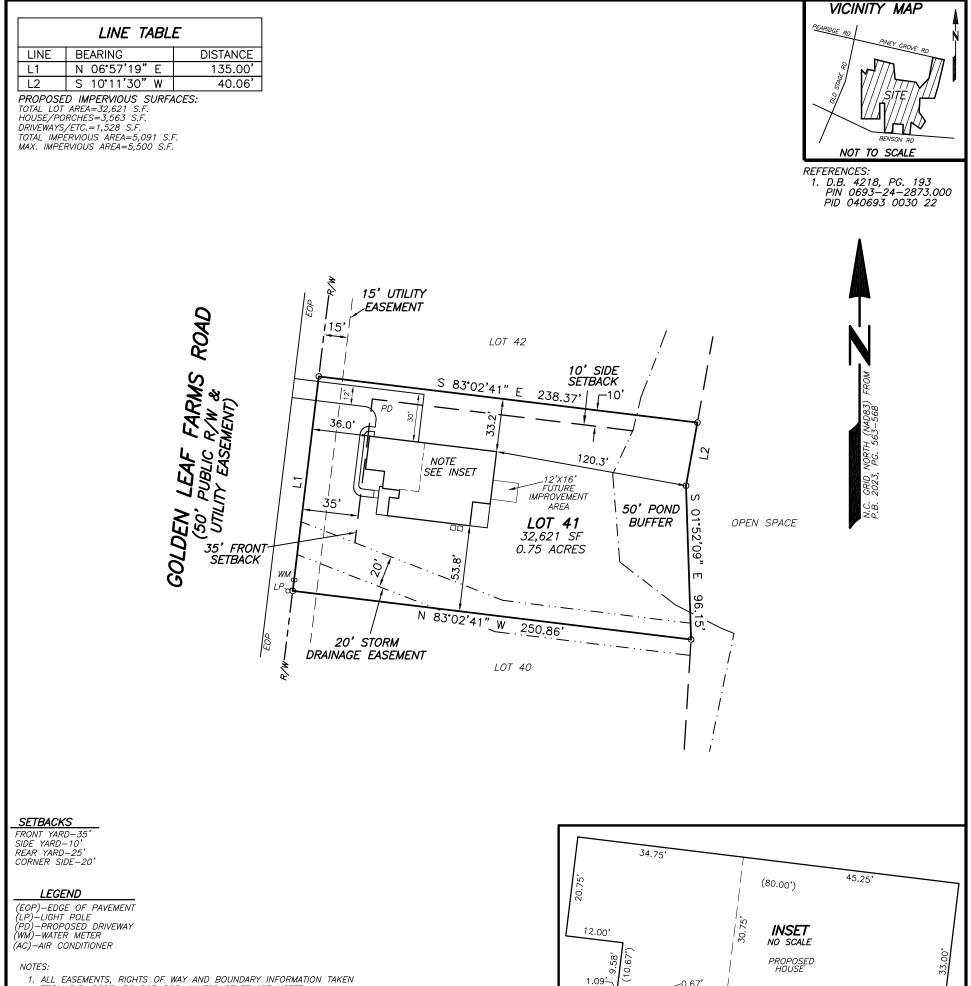
OWNER: Drees Homes LLC ADDRESS: PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd LOCATION OF SITE: 154 Golden Leaf Farms., Angier, NC, 27501 WATER SUPPLY: Public Water EVALUATION METHOD: Auger Boring TYPE OF WASTEWATER:

APPLICATION DATE: DATE EVALUATED: 10/9/2024 PROPERTY SIZE: .75 Acres

Sewage

P R O F I .1940 L LANDSCAPE		HORIZON		RPHOLOGY 1941)	FA				
E #	POSITION/ SLOPE %	DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
		0-22	GR/SL	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .4
1	Slope/8%	22-36	SBK/SCL	FR,SS,SP,SEXP					
		0-15	GR/SL	VFR,NS,NP,SEXP		33"	N.O	N.O	U/P.S/.4
2	Slope/8%	15-36	SBK/SCL	FR,SS,SP,SEXP	33"				
		0-30	GR/SL	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S/.4
3	Slope/8%	30-36	SBK/SCL	FR,SS,SP,SEXP					
5									
4									
		I	l						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	0.4	0.4						
CONDUCTION OF THE OWNER O								



- 1. ALL EASEMENTS, RIGHTS OF WAY AND BOUNDARY INFORMATION TAKEN FROM P.B. 2023, PG 563–568 UNLESS OTHERWISE NOTED.
- 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.
- ALL DRAINAGE EASEMENTS SHALL REDET OF WAT. 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 ENCR

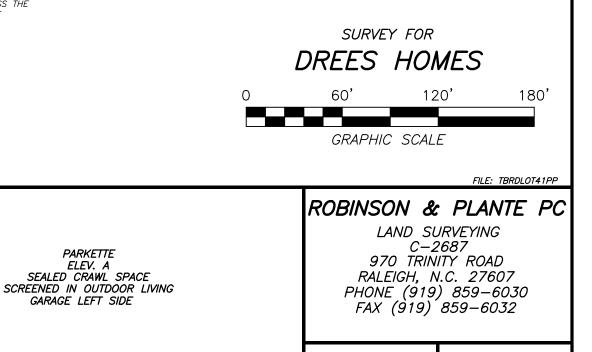
AGREEMENT FROM NCDOT. THE EASEMENT ALLOWS NCDOT THE RIGHT TO ACCESS THE	Ξ
DRAINAGE EASEMENTS AND PERFORM WORK IT DEEMS NECESSARY OR PRUDENT	
TO ALLEVIATE ANY ISSUES JEOPARDIZING THE INTEGRITY OF THE ROADWAY.	

PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCE, OR SALE

LOT 41 TOBACCO ROAD SUBDIVISION PHASE 1 & 3 154 GOLDEN LEAF FARMS ROAD HARNETT COUNTY ANGIER, NC 27501

REFERENCE: PLAT BOOK <u>2023</u> PAGE <u>563–568</u>

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DESCRIPTION RECORDED IN <u>REFERENCES AS S</u> THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION SHOWN; 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). THIS_ _DAY OF ___, 2024. PROFESSIONAL LAND SURVEYOR L-4433



52.00'

-0.67

67'

12.04'

2.00

17.67

7.00

SCALE: 1"=60' DATE: 10-3-24

15'x11'

15.00

SCREENED IN OUTDOOR LIVING

PROPOSED

11.00'

Docusign Envelope ID: 257A3ED0-3B08-4E2B-944B-381B05CBB826

ACORD [®] 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. 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 endorsement(s).										
PRODUCER CONTACT NAME: Angela Sensenig Wade Associates, LLC PHONE (A/C, No, Ext): (252)631-5269 FAX (A/C, No): (252)649-2443										
Wade Associates, LLC				PHONE (A/C, No	_{o, Ext):} (252)	631-5269	(A/C, No	(252)649	-2443	
250 Pollock St.				ADDRE	_{SS:} asensen:	ig@wadeict	com			
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
New Bern NC	28560			INSURE	RA:Markel	Insurance	Company		38970	
NSURED Alex Adams, DBA: Adams Soil	Conquit			INSURE						
1676 Mitchell Rd.	Consult	.111g		INSURE						
10/0 MICCHEII KG.				INSURE						
Angier NC	27501			INSURE						
	CERTIFIC	ATE	NUMBER: 24-25	INSOKE	ΝΓ.		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU	EQUIREN PERTAIN,	IENT, ⁻ THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WH	HICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
						•	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 ALL OWNED SCHEDULED							BODILY INJURY (Per person)	. ,		
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE	t) \$ \$		
HIRED AUTOS AUTOS							(Per accident)	\$		
							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-N							AGGREGATE	s		
DED RETENTION \$	ADE						AGGINEGATE	\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	5		
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	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space 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.						
*****					AUTHORIZED REPRESENTATIVE					
1				N Whi	tsett/RAC		N. Reel			
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