

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

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 #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
X_Residential4 # Bedrooms8Maximum # of OccupantsBusiness
Requird_Attachments: xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 10th Day of October 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 10th day of October 2029.
Signature of Authorized Onsite Wastewater Evaluatorision of Legal Representative: Bradley Weekley
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: Local Health Department Representative: Local Hea