



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

New Expansion 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 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 #49 (Tobacco Road) 352 Golden Leaf Farms Road - Angier, NC 27501
Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-25-5751
County: Harnett

System Information: Accepted Status
Wastewater System Type: Type III (g)
Daily Design Flow: 600 gallons/day
Saprolite System: Yes No Subsurface Operator Required: Yes No
Water Supply Type: Private Well Public Water Supply Spring Other:

Facility Type:
 Residential 5 # Bedrooms 10 Maximum # of Occupants
 Business Type of Business and Basis for Flow: _____
 Public Assembly Type of Public Assembly and Basis for Flow: _____

Require Attachments:
 Plat or Siteplan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 15th 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 15th day of October 2029.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams
Signature of Owner or Legal Representative: Bradley Weikley 10/18/2024 | 3:10:44 PM EDT
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: _____ Date: _____

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

October 15, 2024
Project #1215

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

RE: Tobacco Road -Lot #49, 352 Golden Leaf Farms Road. - Angier, NC - 5-bedroom Single Family Residence (PIN# 0693-25-5751)

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 600 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.

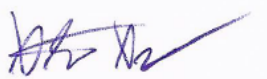
The initial and primary septic fields for the new home were sized based on a flow rate of 600 gallons/day and utilizing Accepted Status system for the initial and a PPBPS repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

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,



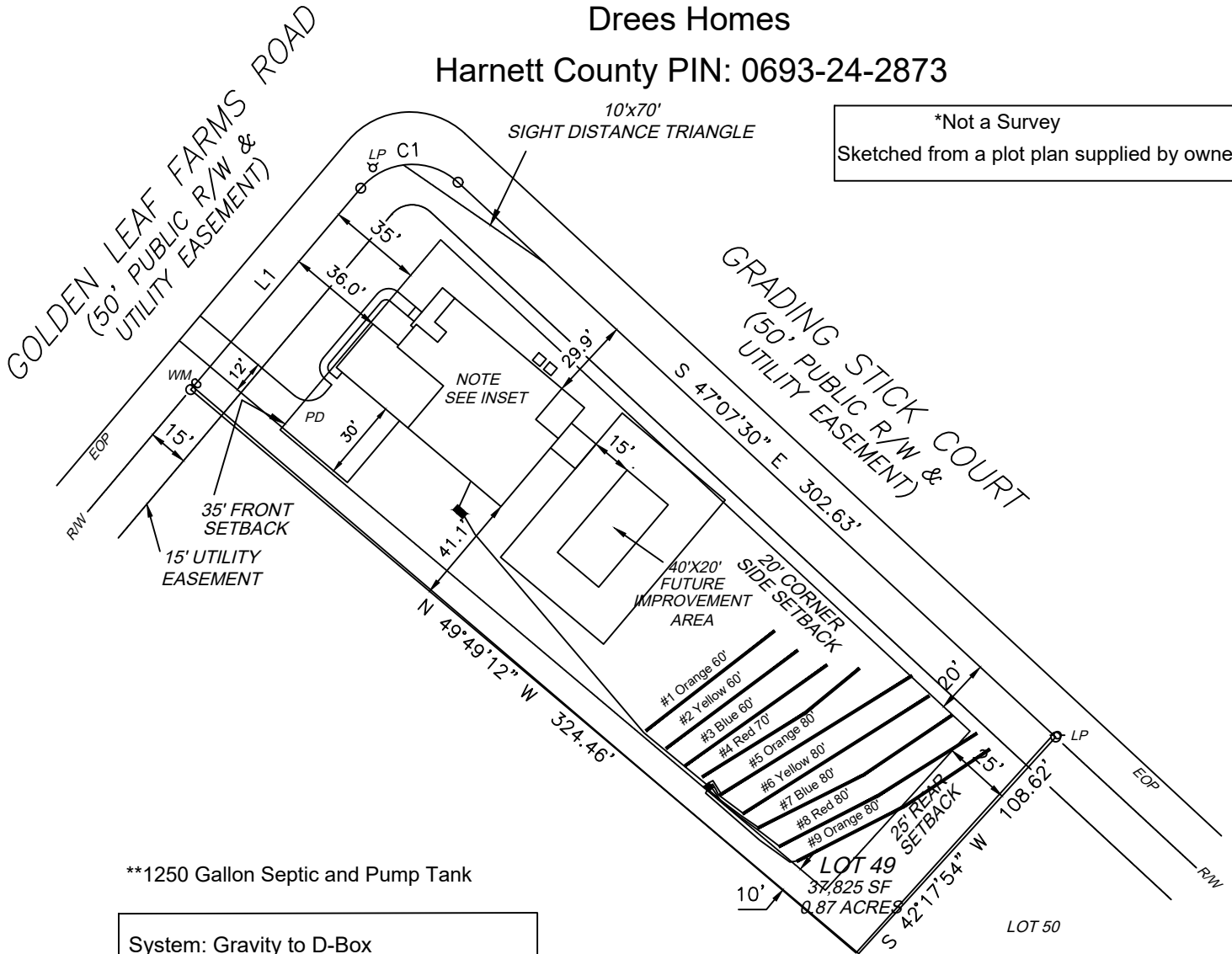
Alex Adams
NC Licensed Soil Scientist #1247
AOWE Certification: 10021E



Adams Soil Consulting, PLLC							
AOWE NOI - Design Specifications							
Name:	Drees Home Company			P.I.N. #:	0693-25-5751		County: Harnett
Address:	352 Golden Leaf Farm Road			Subdiv: Tobacco Road	Lot#: 49		
# of BDR:	5	Daily Flow:	600	gal/day	Initial L.T.A.R.:	0.4000	gal/day/sq.ft
					Repair L.T.A.R.:	0.4000	gal/day/sq.ft
Septic Tank:	1250	gals	Pump Tank:	N/A	gals	Sq. Foot:	1200
							Stone Depth:
Line Lengths							
line	color	rod read	Elevation	length			
1	Orange			60	Repair		
2	Yellow			60	Repair		
3	Blue			60	Repair		
4	Red			70	Repair		
5	Orange			80	Initial		
6	Yellow			80	Initial		
7	Blue			80	Initial		
8	Red			80	Initial		
9	Orange			80	Initial		
		total	feet =	650			
Initial Total Trench Length		400		Initial System Type:		Accepted Status	
				Initial System Max Trench Depth:		24"	
Repair Total Trench Length		250		Repair System Type:		PPBPS	
				Repair System Max Trench Depth:		24"	

Tobacco Road S/D
5-Bedroom Septic Design
Lot #49 - 352 Golden Leaf Farms Road
Drees Homes
Harnett County PIN: 0693-24-2873

*Not a Survey
 Sketched from a plot plan supplied by owner

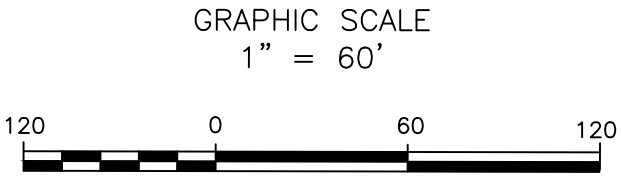


**1250 Gallon Septic and Pump Tank

System: Gravity to D-Box
 Lines: 5-9 (400')
 0.4 LTAR
 24" Max Trench Bottom
 Accepted Status System
 Repair: Pressure Manifold
 Lines: 1-4 (250')
 0.4 LTAR
 24" Max Trench Bottom
 T&J Panel Block - 50% Reduction System

**1250 Gallon Septic and Pump Tank
 Tank and trenches to be located minimum of 10'
 from any property line and minimum of 5'
 from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks
 *Contact local health dept. and/or Alex Adams prior to
 or during installation with any questions or concerns.

Adams
 Soil Consulting
 919-414-6761
 Job #1215
 10-15-24



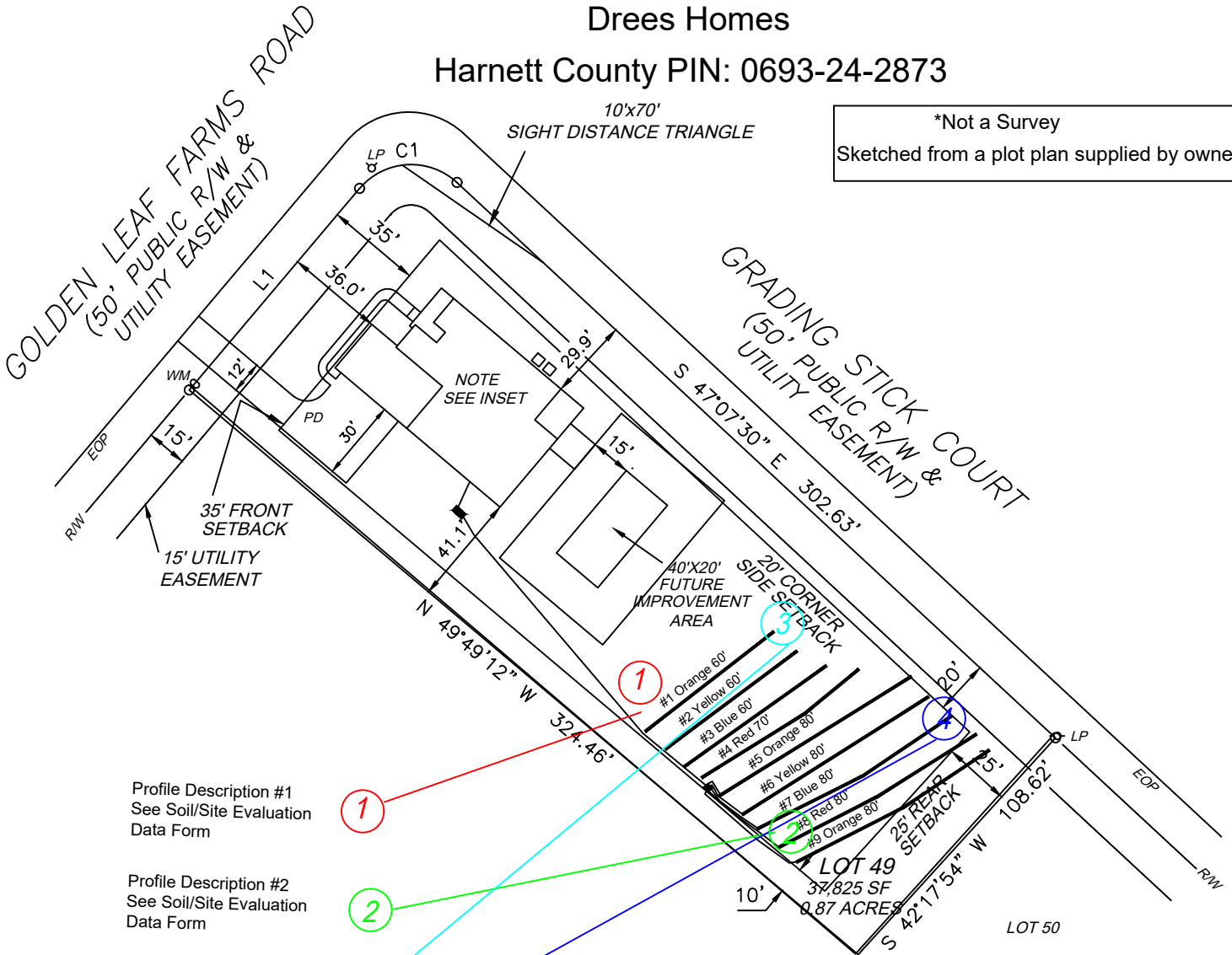
Tobacco Road S/D Soil Boring Locations

Lot #49 - 352 Golden Leaf Farms Road

Drees Homes

Harnett County PIN: 0693-24-2873

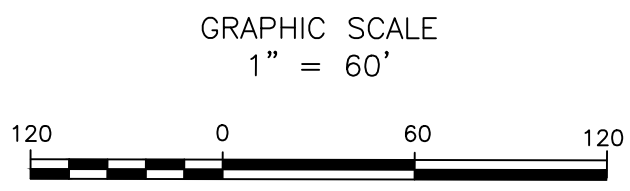
*Not a Survey
Sketched from a plot plan supplied by owner



- Profile Description #1
See Soil/Site Evaluation Data Form
- Profile Description #2
See Soil/Site Evaluation Data Form
- Profile Description #3
See Soil/Site Evaluation Data Form
- Profile Description #4
See Soil/Site Evaluation Data Form

****1250 Gallon Septic and Pump Tank**
 Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks
 *Contact local health dept. and/or Alex Adams prior to or during installation with any questions or concerns.

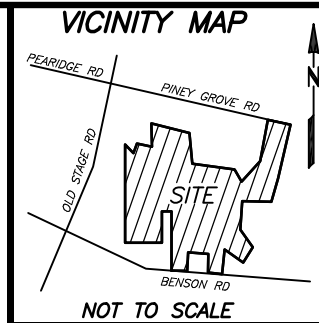
Adams
 Soil Consulting
 919-414-6761
 Job #1215
 10-15-24



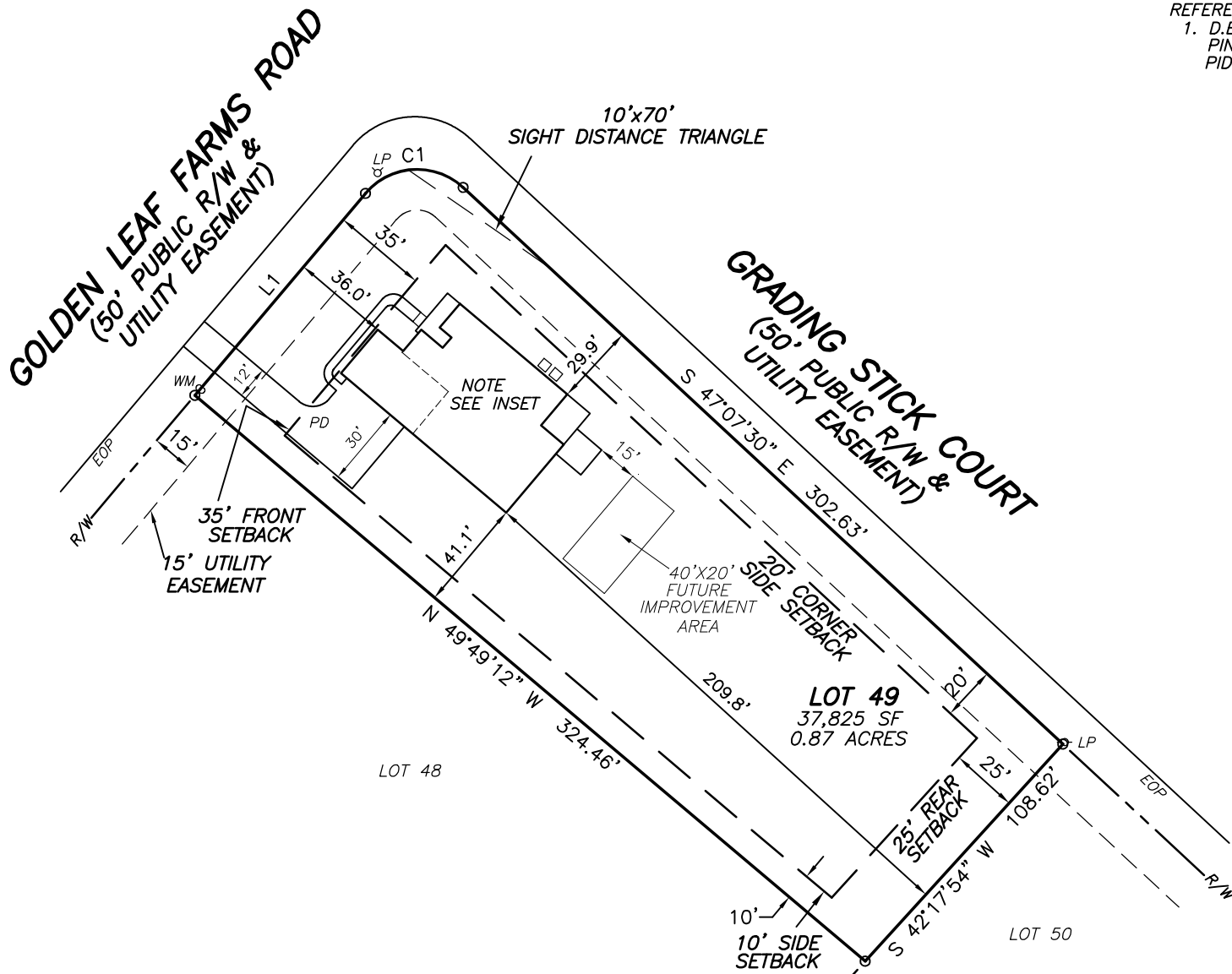
CURVE TABLE						
CURVE	DELTA	RADIUS	ARC	CHORD	TANGENT	CHORD BRG
C1	92°41'42"	25.00'	40.45'	36.18'	26.20'	N 86°31'39" E

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 40°10'48" E	97.80'

PROPOSED IMPERVIOUS SURFACES:
 TOTAL LOT AREA=37,825 S.F.
 HOUSE/PORCHES=3,689 S.F.
 DRIVEWAYS/ETC.=1,528 S.F.
 TOTAL IMPERVIOUS AREA=5,217 S.F.
 MAX. IMPERVIOUS AREA=5,500 S.F.



REFERENCES:
 1. D.B. 4218, PG. 193
 PIN 0693-25-5751.000
 PID 040693 0030 30



SETBACKS

FRONT YARD-35'
 SIDE YARD-10'
 REAR YARD-25'
 CORNER SIDE-20'

LEGEND

(EOP)-EDGE OF PAVEMENT
 (LP)-LIGHT POLE
 (FH)-FIRE HYDRANT
 (WM)-WATER METER
 (AC)-AIR CONDITIONER

NOTES:

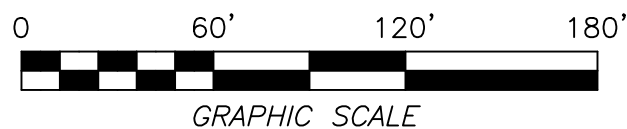
1. ALL EASEMENTS, RIGHTS OF WAY AND BOUNDARY INFORMATION TAKEN FROM P.B. 2023, PG 563-568 UNLESS OTHERWISE NOTED.
2. PROPERTY IS SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD. NO TITLE EXAMINATION HAS BEEN DONE BY ROBINSON & PLANTE, P.C.
3. INDIVIDUAL ON SITE SEPTIC SYSTEM FOR ALL LOTS
4. WATER 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
9. 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 49 TOBACCO ROAD SUBDIVISION
 PHASE 1 & 3
 352 GOLDEN LEAF FARMS ROAD
 HARNETT COUNTY
 ANGIER, NC 27501**

REFERENCE: PLAT BOOK 2023 PAGE 563-568

**SURVEY FOR
 DREES HOMES**



FILE: TBRDL049PP

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

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

DATE: 10-8-24

SCALE: 1"=60'

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

OWNER: Drees Homes LLC

ADDRESS:

PROPOSED FACILITY: Single Family, 5-bedroom PROPOSED DESIGN FLOW (.1949): 600 gpd

LOCATION OF SITE: 352 Golden Leaf Farms., Angier, NC, 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

APPLICATION DATE:

DATE EVALUATED: 10/12/2024

PROPERTY SIZE: .87 Acres

TYPE OF WASTEWATER: Sewage

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/8%	0-20	GR/SL	VFR,NS,NP,SEXP	N.O	N/A	N.O	N.O	P.S/.4
		20-42	SBK/SCL	FR,SS,SP,SEXP					
2	Linear Slope/8%	0-25	GR/SL	VFR,NS,NP,SEXP	N.O.	N/A	N.O	N.O	U/P.S/.4
		25-40	SBK/SCL	FR,SS,SP,SEXP					
3	Linear Slope/8%	0-12	GR/SL	VFR,NS,NP,SEXP	N.O	N/A	N.O	N.O	P.S/.4
		12-36	SBK/SCL	FR,SS,SP,SEXP					
4	Linear Slope/8%	0-32	GR/SL	VFR,NS,NP,SEXP	N.O	N/A	N.O	N.O	P.S/.4
		32-40	SBK/SCL	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): U/PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III B	Type III B	
Site LTAR	0.4	0.4	

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.

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 Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com														
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Markel Insurance Company	38970	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Markel Insurance Company	38970														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 24-25** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PER STATUTE</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEE \$		E.L. DISEASE - POLICY LIMIT \$	
PER STATUTE	OTHER														
E.L. EACH ACCIDENT \$															
E.L. DISEASE - EA EMPLOYEE \$															
E.L. DISEASE - POLICY LIMIT \$															
A	Errors & Omissions			MEO1118-06	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

<p style="text-align: center;">*FOR INFORMATIONAL PURPOSES ONLY*</p> <p style="text-align: center;">XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p style="text-align: center;">XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p style="text-align: center;">XXXXXXXXXXXXXXXXXXXXXXXXXXXX</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p>N Whitsett/RACHEL </p>
--	---