



**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 #57 (Tobacco Road) 59 Grading Stick Ct. - Angier, NC 27501
 Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-24-8994
 County: Harnett

System Information: Accepted Status
 Wastewater System Type: Type III (b)
 Daily Design Flow: 600 gallons/day
 Sapro-lite 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: _____

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

Attest: On this the 21st day of November 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 21st day of November 2029.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams
DocuSigned by:
 Signature of Owner or Legal Representative: Bradley Weekley 11/25/2024 | 9:38:28 AM EST
4E761426D00C444...

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: _____

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

OWNER: Drees

ADDRESS:

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

LOCATION OF SITE: 59 Grading Stick Ct, Angier, NC, 27501

WATER SUPPLY: Public Water

EVALUATION METHOD: Auger Boring

APPLICATION DATE:

DATE EVALUATED: 11/15/2024

PROPERTY SIZE: 1. 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/ TEXTLSE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/5%	0-12	GR/LS	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .35
		12-36	SBK/SCL	FR,SS,SP,SEXP					
2	Linear Slope/5%	0-14	GR/LS	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .35
		14-36	SBK/SCL	FR,SS,SP,SEXP					
3	Linear Slope/5%	0-20	GR/LS	VFR,NS,NP,SEXP	N.O	36"	N.O	N.O	P.S .35
		20-36	SBK/SCL	FR,SS,SP,SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III B	Type III B	
Site LTAR	0.35	0.35	

COMMENTS:
 Updated February 2014

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

November 21, 2024
Project #1215

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

RE: Tobacco Road -Lot #57 - 59 Grading Stick Ct. - Angier, NC - 5-bedroom Single Family Residence (PIN# 0693-24-8994)

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

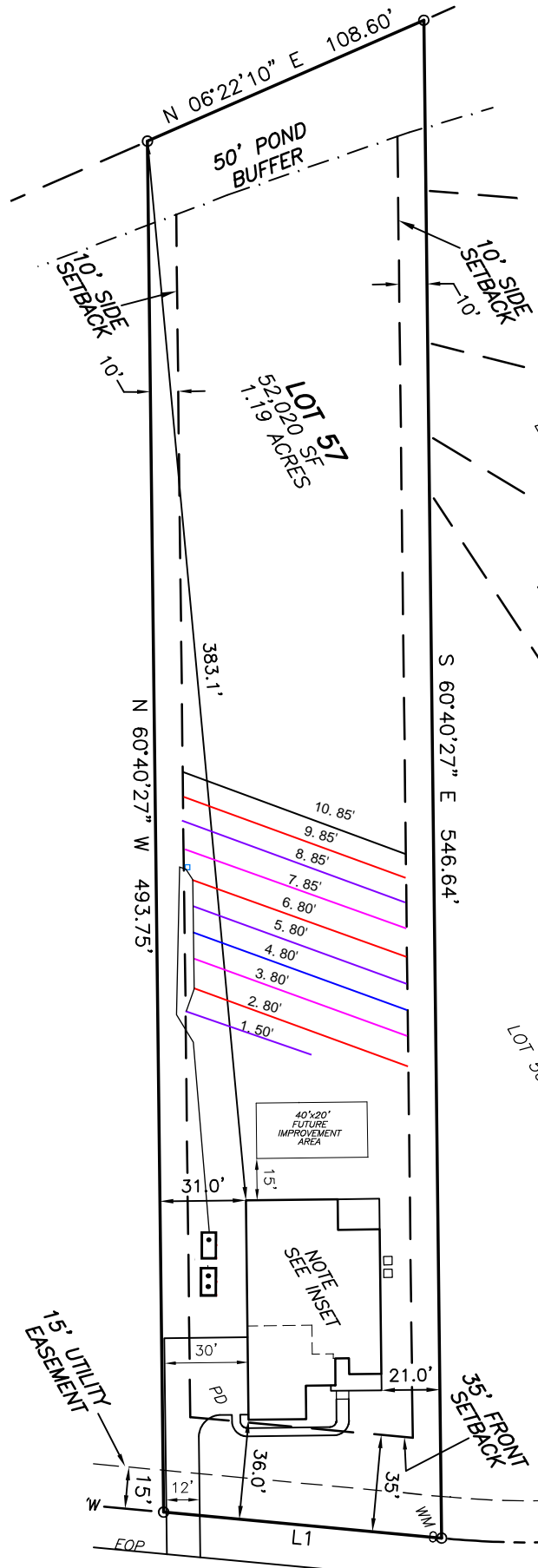


TOBACCO RD

Lot 57

5 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 15' of septic area
- **** Recommend protective barrier around septic field during construction.

*If plumbing is not sufficient, pump tank will be required for septic field.

INITIAL:
 Lines 1-6 (430')
 Accepted Status
 Pressure Manifold
REPAIR:
 Lines 7-10 (340')
 PPBPS
 Pressure Manifold

Adams
 Soil Consulting
 919-414-6761

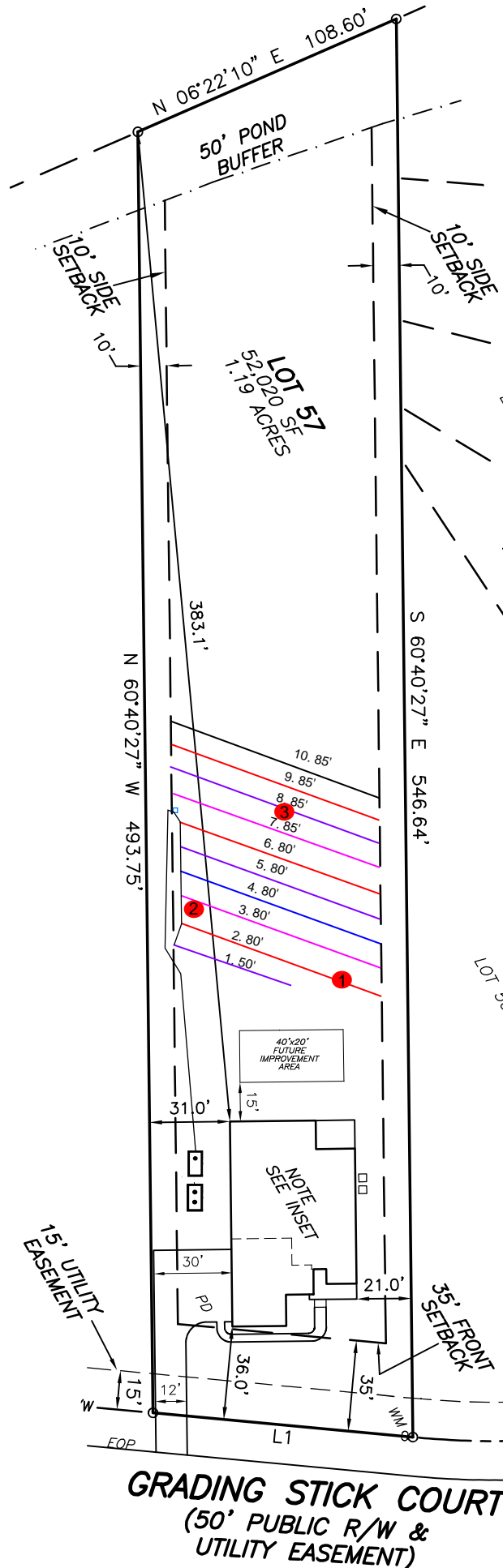
GRADING STICK COURT
 (50' PUBLIC R/W &
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Tobacco Road - Lot #57 PRESSURE MANIFOLD DESIGN -Initial SYSTEM

of BDR: 5 **Daily Flow:** 600 gal/day **L.T.A.R.:** 0.3500 gal/day/sq.ft
Septic Tank: 1250 gals **Pump Tank:** 1000 gals **Sq. Foot:** 1350 **System Type:** Accepted
Number of Taps: 3 **Length of Trenches:** 360 ft(See Tap Chart for Details)
Depth of Trenches: 20 in **Manifold Length:** 36 in
Manifold Diameter: 4in sch 80pvc **Tap Configuration:** 6 in spacing 1 side(s) of manifold
Supply Line: length: 100 ft **Diameter:** 2 in sch 40pvc
Friction Loss + Fitting Loss: 11.26 ft(supply line length + 70' for fittings in pump tank)
Design Head: 2 ft **Elevation Head:** 8.00 ft
Total Head: 21.26 ft **Pump to Deliver:** 55.98 gals/min at 21.26 ft head
Dosing Volume: 205 gals,
Drawdown: 205 gals divided by 21.4 gals/in = 9.6 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark	<u>0</u>	is = 100.00	set at				Design Head:				
Pump tank elev.		<u>2</u>	75.00	Pump elev.	70.00		Manifold elev.	96.00	# of Panels	Change in	
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	(PPBPS)	Spacing of	
										Panels (in)	
1		5.00	95.00	50	1/2in SCH 80	5.48	58.74	150			0.3916
2		5.80	94.20	80	3/4in SCH 80	10.10	108.25	240			0.4511
3		6.60	93.40	80	3/4in SCH 80	10.10	108.25	240			0.4511
4		7.00	93.00	80	3/4in SCH 80	10.10	108.25	240			0.4511
5		7.30	92.70	80	3/4in SCH 80	10.10	108.25	240			0.4511
6		7.80	92.20	80	3/4in SCH 80	10.10	108.25	240			0.4511
Total Feet =				450	gal/min =	55.98	LTAR =		0.3500		
Feet Required =				429	Velocity =	5.35	(ltar + 5%)		0.3675		
Total # of Panels (PPBPS)				<u>Des. Flow</u>		<u>600</u>	(ltar w/25% red)		0.4667		
% of Dose Vol.				Pump Run=		10.72	(ltar + 5%)		0.4900		
Dose Volume				Tank Gal/IN		<u>21.4</u>					
Dose Pump Time				Elev. Head		8.00					
Drawdown in Inches											
Comments:											



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:	
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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 <input type="checkbox"/>	N / A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">PER STATUTE</th> <th style="width: 50%;">OTH-ER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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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>*FOR INFORMATIONAL PURPOSES ONLY* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX</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> <p>AUTHORIZED REPRESENTATIVE N Whitsett/RACHEL </p>
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