

## 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
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  Saprolite System:YesXNo
Facility Type: X_Residential5 # Bedrooms10 Maximum # of Occupants Business
Requird_Attachments:x_Plat_or_Siteplanx_ 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:    Description of Owner or Legal Representative:   Bradley Weekley   11/25/2024   9:38:28   AM   E
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: 12-9-24