

## 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
me: Drees Homes Company iling address: 211 Grandview Drive - Suite 102 City: Ft. Mitchell State: KY Zip: 41017 one: 919-256-5478 Email: ttreffzs@dreeshomes.com
thorized Onsite Wastewater Evaluator Information:  me: Alex Adams  Certification #: AOWE# 10021E  tiling address: 1676 Mitchell Road  City: Angier  State: NC Zip: 27501  pne: 919-414-6761  Email: alexadams@bcsoil.com
e Location Information: e address: Lot #10 (Tobacco Road) 17 Golden Leaf Farms Road - Angier, NC 27501 g parcel identification number or subdivision lot, block number of property: PIN# 0693-14-9160 unty: Harnett
tem Information: Accepted Status stewater System Type: Type III (b) ly Design Flow: 600 gallons/day prolite System:YesXNo Subsurface Operator Required:YesXNo ter Supply Type:Private WellX_Public Water SupplySpringOther:
ility Type:  X_Residential5_# Bedrooms10 Maximum # of Occupants  _Business
uird_Attachments:  xPlat_or_Siteplan  x Evaluation of Soil and Site Features by Licensed Soil Scientist
est: On this the 25th day of March 2025 by signature below I hereby attest that the information required to be uded with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina. s NOI shall expire on 25th day of March 2030.
nature of Authorized Onsite Wastewater Evaluator bocus meaning Wulkley 4/16/2025   8:32:43 AM nature of Owner or Legal Representative:
closure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee uired (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater luator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.  al Health Department Receipt Acknowledgement:
nature of Local Health Department Representative:Date: