



**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 \_\_\_ 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 #87 (Tobacco Road) Cultivator Ct. - Angier, NC 27501

Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-27-0228

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (g)

Daily Design Flow: 480 gallons/day

Saprolite System: \_\_\_ Yes \_\_\_X\_\_\_ No Subsurface Operator Required: \_\_\_ Yes \_\_\_X\_\_\_ No

Water Supply Type: \_\_\_ Private Well \_\_\_X\_\_\_ Public Water Supply \_\_\_ Spring \_\_\_ Other:

Facility Type:

\_\_\_X\_\_\_ Residential \_\_\_4\_\_\_ # Bedrooms \_\_\_8\_\_\_ Maximum # of Occupants

\_\_\_ Business Type of Business and Basis for Flow: \_\_\_\_\_

\_\_\_ Public Assembly Type of Public Assembly and Basis for Flow: \_\_\_\_\_

Required Attachments:

\_\_\_x\_\_\_ Plat or Siteplan

\_\_\_x\_\_\_ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 24th day of April 2025 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 24th day of April 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

DocuSigned by:

Signature of Owner or Legal Representative: Bradley Weekley

4/29/2025 | 9:19:44 AM EDT

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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**

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April 24, 2025  
Project #1215

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

RE: Tobacco Road -Lot #87, Cultivator Ct. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-27-0228)

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 480 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.

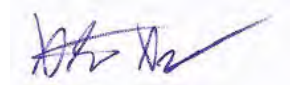
The initial and primary septic fields for the new home were sized based on a flow rate of 480 gallons/day and utilizing Accepted Status system for the initial and a PPBPS repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

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



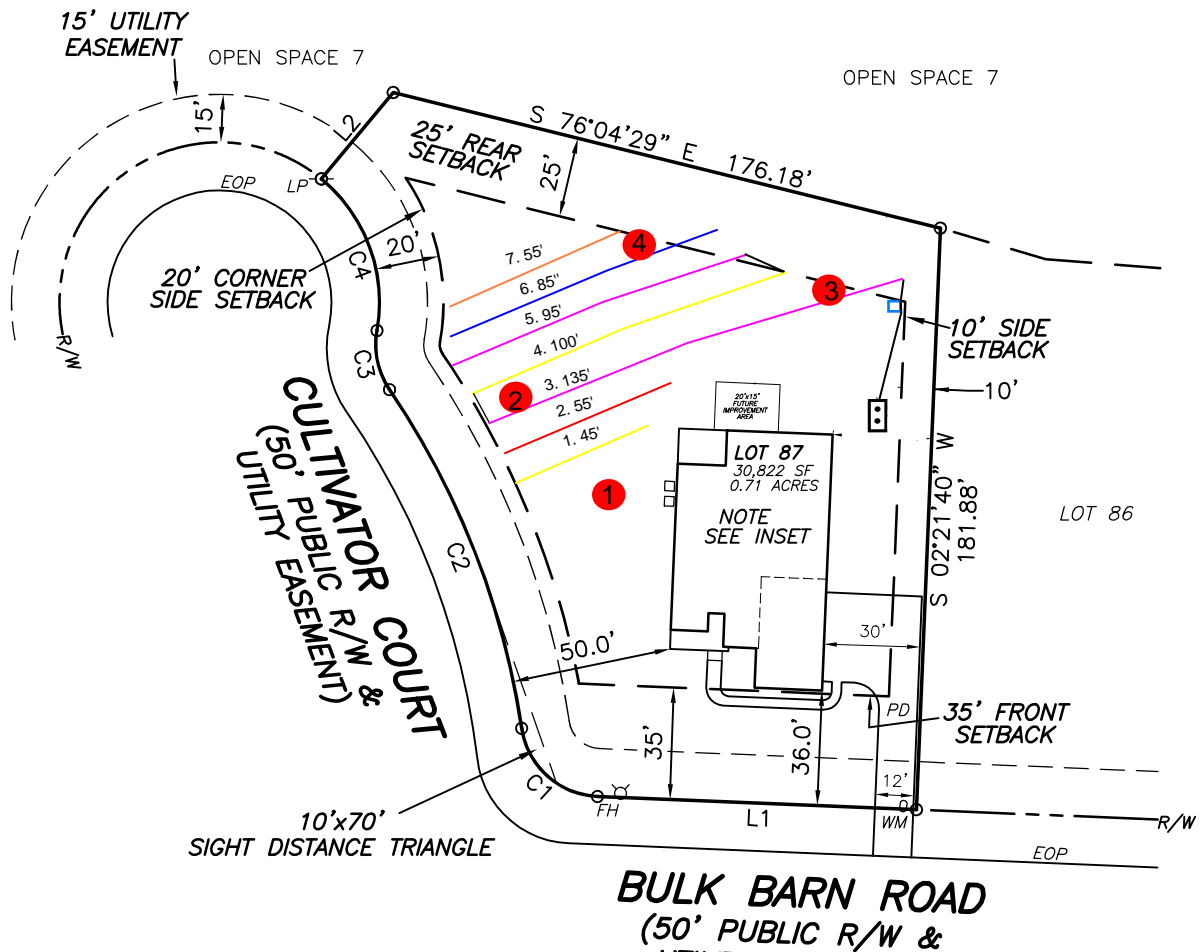


# Tobacco Road

## Lot 87

### 4 BR

### Harnett County



INITIAL:  
Lines 3-5 (330')  
Accepted Status  
Gravity Serial  
REPAIR:  
Lines 1-2,6-7 (240')  
PPBPS  
Pressure Manifold

- \*House footprint to be field staked by survey and system verified prior to any construction activities.
- \*\*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 a pump tank will be required to septic field

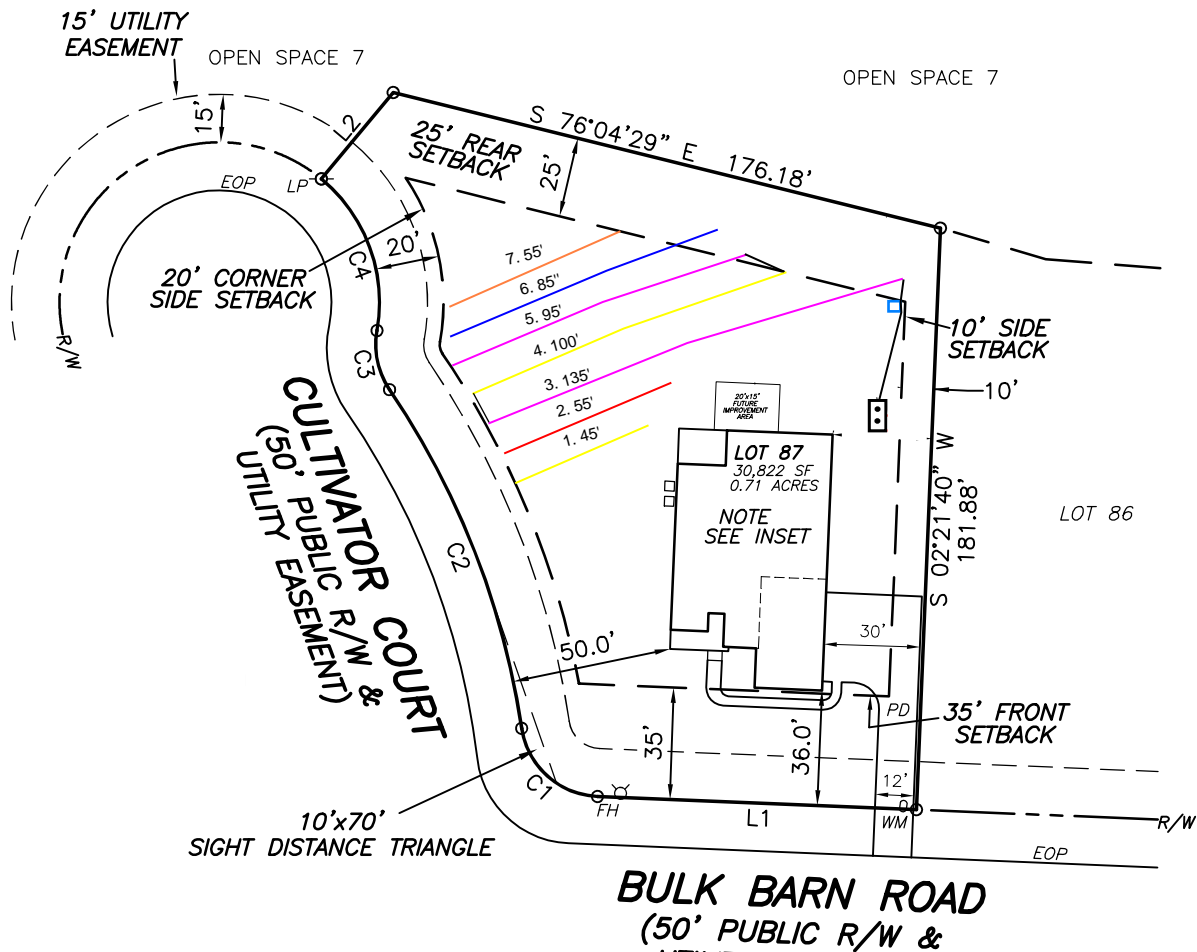
Adams  
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Adams  
Soil Consulting  
919-414-6761

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

OWNER: Drees DATE EVALUATED: 4/2/25  
ADDRESS: \_\_\_\_\_  
PROPOSED FACILITY: Single Family 4 BR PROPOSED DESIGN FLOW (.0400): 480 gpd PROPERTY SIZE: .71 Acres  
LOCATION OF SITE: Bulk Barn Rd. Angier NC 27501 PROPERTY RECORDED: Y  
WATER SUPPLY: ☒ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other \_\_\_\_\_ WATER SUPPLY SETBACK: \_\_\_\_\_  
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

P R O F I L E  #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1	Linear 5%	0-42	GR/SL	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .6	3"
2	Linear 5%	0-42	GR/SL	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .6	3"
3	Linear 5%	0-42	GR/SL	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .6	3"
4	Linear 5%	0-42	GR/SL	VFR,SEXP,NS	N.O	40"	N.O	N.O	P.S .6	3"

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): P.S EVALUATED BY: Bobby Weaver/Alex Adams OTHER(S) PRESENT: _____
Available Space (.0508)	S	S	
System Type(s)	III G	III B	
Site LTAR	.6	.6	
Maximum Trench Depth	24"	24"	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2025

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).

<b>PRODUCER</b> Wade Associates, LLC 250 Pollock St.  New Bern NC 28560  <b>INSURED</b> Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd.  Angier NC 27501	<b>CONTACT NAME:</b> Angela Sensenig <b>PHONE (A/C, No, Ext):</b> (252) 631-5269 <b>FAX (A/C, No):</b> (252) 649-2443 <b>E-MAIL ADDRESS:</b> asensenig@wadeict.com <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: Lloyd's of London</td> <td>A1122J</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: Lloyd's of London	A1122J	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES****CERTIFICATE NUMBER: 25-26****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 AUTHORIZED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS ADE <input type="checkbox"/> OCC R  EN/LA RE/ATE LI IT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC OTHER:						EACH OCC RRENCE DA A E TO RENTED PRE ISES (Ea occurrence) ED E P (Any one person) PERSONAL AD IN RY ENERALA RE ATE PROD CTS - CO P/O PA
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY A TO <input type="checkbox"/> ALL OWNED A TOS <input type="checkbox"/> HIRED A TOS  <input type="checkbox"/> SCHED LED A TOS <input type="checkbox"/> NON-OWNED A TOS						CO BINED SIN LE LI IT (Ea accident) BODILY IN RY (Per person) BODILY IN RY (Per accident) PROPERTY DA A E (Per accident)
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCC R <input type="checkbox"/> CLAIMS ADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCC RRENCE A RE ATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EC TI E O ICER/ E BER E CL DED (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STAT E <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA E PLOYEE E.L. DISEASE - POLICY LI IT
A	<b>Errors &amp; Omissions</b>			PSN0040221161	1/31/2025	1/31/2026	Each Occurrence \$1,000,000 eneral Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

\*FOR INFORMATIONAL PURPOSES ONLY\*

 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

N Whitsett/RACHEL

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ACORD 25 (2014/01)

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INS025 (201401)