### Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

September 18th 2025

RE: Tobacco Rd Lot # 87. 17 Bulk Barn Rd. Angier NC 27501 (Harnett County) PIN# 0693-27-0228)

#### OWNER ACCEPTANCE OF SEPTIC SYSTEM

I certify that <u>Drees Homes is accepting the subsurface wastewater</u> (septic) system installed at Bulk Barn RD. (Harnett County) The acceptance includes the AOWE permit as issued and designed by Adams Soil Consulting, PLLC and installed by Full Circle Environmental.

Owner's Representative – (Signature Date): Bradley Weekloy

Owner's Representative – (Signature Date): Bradley Weekloy

### Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

September 18th, 2025

This document is submitted in addition to the "Notice of Intent to Construct" submittal package previously supplied to the local health department in pursuant to G.S. 130A-336.1

RE: Tobacco Rd Lot # 87. 17 Bulk Barn Rd. Angier NC 27501 (Harnett County) PIN# 0693-27-0228)

To whom it may concern:

This letter is to notify the Harnett County Environmental Health Department that the construction of the wastewater system has been completed. The system was installed to acceptable construction standards. The installation was installed in conformance with the original construction documents as shown on the attached NOI. This document may serve as "Authorization to Operate" the installed system. The installed accepted status system utilized EZFLOW product by Infiltrator.

#### **Operation and Management Program**

Have the effluent filter in the septic tank cleaned periodically by a professional. Have the solids pumped out of the septic tank every 3-5 years by a professional. Maintain adequate vegetative cover over the drainfield. Keep surface waters away from the tank and drainfield. Do not pour grease or oil down the sink. Contact a professional for periodic maintenance.

Alex Adams

Adams Soils Consulting, PLLC NC Licensed Soil Scientist #1247



### 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 #87 (Tobacco Road 17 Bulk Barn Rd- 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:YesXNo Subsurface Operator Required:YesXNo  Water Supply Type:Private WellX_Public Water SupplySpringOther:
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:
Requird_Attachments: xPlat_or_Siteplan xEvaluation 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:   Xlex   Xle
Signature of Owner or Legal Representative:
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:
organism of poor tremm population representative

### Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

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

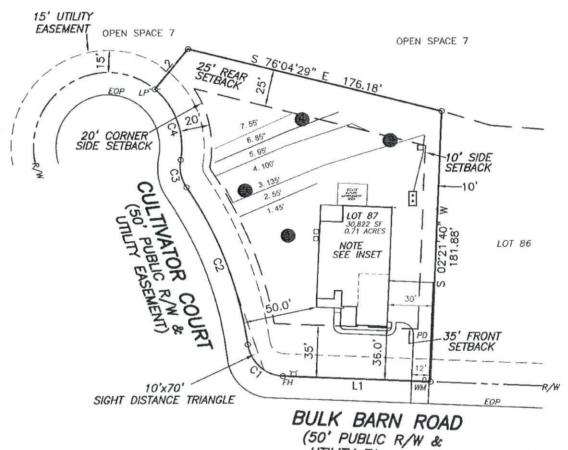
NC Licensed Soil Scientist #1247 AOWE Certification: 10021E





Mamai	Drees Home Cor	many		P.I.N. #:	0693-27-022	- Design Spec	County	Harnett	
ivame.	Diees nome Cor	прапу		I .1.1V. 17.	0033-27-022	20	County		
Address:		Cultivator	Ct.	1	Subdiv: To	Subdiv: Tobacco Road		87	
# of BDR:	<u>4</u>	Daily Flow:	480	gal/day	Initial I	L.T.A.R.:	0.6000	gal/day/sq.f	
# OI DDIN	<u> </u>			J		L.T.A.R.:		gal/day/sq.f	
Septic Tank:	<u>1000</u>	gals	Pump Tank:	<u>N/A</u>	gals	Sq. Foot:	990	Stone Depth	
		_		ine Leng	the				
			<u>-</u>	life Leng	1115				
line	color	rod read	Elevation	length					
1	Yellow			45	Repair				
2	Red			55	Repair				
3	Pink			135	Initial				
4	Yellow			100	Initial				
5	Pink			95	Initial				
6	Blue			85	Repair				
7	Orange			55	Repair				
4.4011				-			- Am		
				_	Repair				
		total	feet =	570					
Initial Tate	al Trench Length	330		Initial Syste	m Type:	Accepted S	tatus		
Illittal TOta	a Hench Length	7		Initial System Type: Initial System Max Trench De			24	-	
Repair Total Trench Length		240			System Type:	PPBPS			
				Repair Syst	em Max Trench	Depth:	24		
					-				
**********									
				-					

## 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 constructic

\*\*Septic area must not be altered by construction activities.

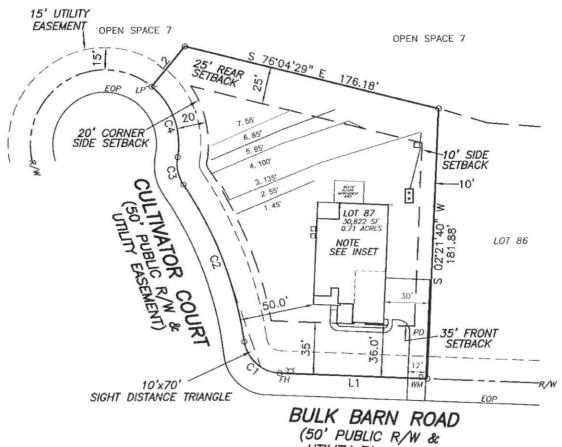
\*\*\*No cuts of 2' or greater within within 15' of septic area

\*\*\*\* Recommend protective barrier around septic field during construction.

\*If plumbing is not sufficient a pump tank will be required to septic field

Adams Soil Consulting 919-414-6761

# Tobacco Road Lot 87 4 BR Harnett County



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Adams
Soil Consulting
919-414-6761

Page \_1\_ of \_1 PROPERTY ID #: 0693-27-0228 COUNTY: Harnett

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

OWNER: Drees DATE EVALUATED: 4/2/25								25		
ADDRESS:										
				501 ☐ Shared Well ☐	Spring     Oth	ner			-	<u>Y</u>
			er Boring		PE OF WASTE					PWW
P R O F			SOIL MO	RPHOLOGY	OTHE	R PROFIL	LE FACTORS			
L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRE CTION
		0-42	GR/SL	VFR,SEXP,NS						
1	Linear 5%				N.O	40"	N.O	N.O	P.S .6	3"
_		0-42	GR/SL	VFR,SEXP,NS						
		0-42	GRISL	VITA,OEXI,ITO						
2	Linear 5%				N.O	40"	N.O	N.O	P.S	3"
_									.6	
		0-42	GR/SL	VFR,SEXP,NS	r wisessu					
	Linear					40"	N.O	N.O	P.S	
3	5%				N.O	10	14.0	14.0	.6	3"
										3
		0-42	GR/SL	VFR,SEXP,NS					D.C	
	Linear 5%				N.O	40"	N.O	N.O	P.S .6	3"
4	370					escon.			1. cm	
										Albertania (m. 1900)

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



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/22/2025

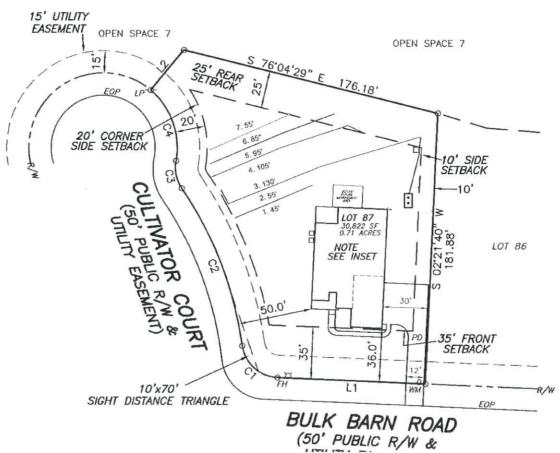
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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 endors	ement(s)	).		-				
PRODUCER	CONTACT Angela Sensenig							
Wade Associates, LLC	PHONE [A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443							
250 Pollock St.		E-MAIL ADDRESS: asensenig@wadeict.com						
		NAIC #						
New Bern NC 28	INSURERA: Llo	A1122J						
INSURED			INSURER B:					
Alex Adams, DBA: Adams Soil Cor	sultin	g	INSURER C:					
1676 Mitchell Rd.			INSURER D:					
			INSURER E :					
Angier NC 27	501		INSURER F :					
COVERAGES CER	RTIFICAT	TE NUMBER: 25-26	REVISION NUMBER:					
THIS IS TO CERTI Y THAT THE POLICIES O INDICATED. NOTWITHSTANDIN ANY RE CERTI ICATE AY BE ISS ED OR AY PER E CL SIONS AND CONDITIONS O S CH F	IRE EN	TITER OR CONDITION O AN EINS RANCE A ORDED BY T	Y CONTRACT OF	R OTH	ER DOC EI BED HEREIN I	NT WITH RESPECT TO WHICH THIS		
INSR TYPE OF INSURANCE	ADDL SUE	BR POLICY NUMBER	POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY  CLAI S- ADE OCC R  ENLA RE ATE LI ITAPPLIES PER: POLICY PRO- ECT LOC OTHER:  AUTOMOBILE LIABILITY  ANYA TO ALL OWNED A TOS HIRED A TOS NON-OWNED A TOS HIRED A TOS A TOS CCC R EXCESS LIAB CLAI S- ADE  DED RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/E EC TI E O ICER' E BERE CL DED (Mandatory in NH) If yes describe under	N/A	A POLICY NUMBER	Immuth	111)	[emvoritiii]	EACH OCC RRENCE  DA A ETO RENTED PRE ISES (Ea occurrence)  ED E P (Any one person)  PERSONAL AD IN RY  ENERALA RE ATE  PROD CTS - CO P/OPA  CO BINED SIN LE LI IT (Ea accident)  BODILY IN RY (Per person)  BODILY IN RY (Per accident)  PROPERTY DA A E (Per accident)  EACH OCC RRENCE  A RE ATE  PER  E.L. EACH ACCIDENT  E.L. DISEASE - EAE PLOYEE		
DÉSCRIPTION O OPERATIONS below  A Errors & Omissions		PSN0040221161	1/31/2	025	1/31/2026	E.L. DISEASE - POLICY LI IT  Each Occurrence	\$1,000,000	
						eneral Aggregate	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	s (ACORD	L 191, Additional Remarks Schedule, ms	ay be attached if mo		e is required)			
CERTIFICATE HULDER		The state of the s	CANCELLAII	ON		Para a management and a second	1	
*FOR INFORMATIONAL PURP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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 N P. COPPONITION AND ADMINISTRATION OF THE PROPERTY OF THE P						

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### **ASBUILT**



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