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

September 22, 2025
Project #1915

RE: 62 Crop Road- Angier, NC 27501– (Harnett County, NC PIN# 0693-16-2418)

**OWNER ACCEPTANCE OF SEPTIC SYSTEM**

I certify that Drees Homes is accepting the subsurface wastewater (septic) system installed at 62 Crop Road. The acceptance includes the AOWE permit as issued and designed by Adams Soil Consulting, PLLC and installed by Full Circle Septic.

Owner's Representative (print): Bradley Weekley

Owner's Representative – (Signature Date): DocuSigned by: Bradley Weekley 4E761125D09C444... 9/23/2025 | 9:47:02 AM EDT

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

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September 22, 2025
Project #1907

*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: 62 Crop Road - Angier, NC 27501– (Harnett County, NC PIN# 0693-16-2418)

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 constructed with according to the original construction documents. This document may serve as "Authorization to Operate" the installed system.

**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 ____ 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: Lot #148 - Tobacco Road

Site address: 62 Crop Rd. - Angier, NC 27501

Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-16-2418

County: Harnett

System Information: Accepted Status
Wastewater System Type: Type III (g)
Daily Design Flow: 360 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 ____3_# Bedrooms ____6__ Maximum # of Occupants

____Business Type of Business and Basis for Flow: _____

____Public Assembly Type of Public Assembly and Basis for Flow: _____

Requird_Attachments:
___x__Plat_or_Siteplan
___x__ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 28th 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 28th day of April 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

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: _____Date: _____

# Adams Soil Consulting, PLLC

AOWE NOI - Design Specifications

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Name:** | Drees Home Company | | | **P.I.N. #:** | 0693-16-2418 | | **County** | Harnett |
| **Address:** | 62 Crop Rd | | | | **Subdiv: Tobacco Road** | | **Lot#:** | 148 |
| **# of BDR:** | 3 | **Daily Flow:** | 360 | **gal/day** | **Initial L.T.A.R.:** | | 0.3500 | **gal/day/sq.ft** |
| | | | | | **Repair L.T.A.R.:** | | 0.3500 | **gal/day/sq.ft** |
| **Septic Tank:** | 1000 | **gals** | **Pump Tank:** | N/A | **gals** | **Sq. Foot:** | 810 | **Stone Depth:** |

## Line Lengths

| line | color | rod read | Elevation | length | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | Yellow | | | 30 | Repair | | | |
| 2 | Pink | | | 30 | Repair | | | |
| 3 | Orange | | | 30 | Repair | | | |
| ***4*** | ***Blue*** | | | ***30*** | ***Repair*** | | | |
| ***5*** | ***Orange*** | | | ***50*** | ***Initial*** | | | |
| ***6*** | ***Pink*** | | | ***60*** | ***Initial*** | | | |
| ***7*** | ***Blue*** | | | ***80*** | ***Initial*** | | | |
| 8 | Orange | | | 80 | Initial | | | |
| 9 | NF | | | 80 | Repair | | | |
| | | **total** | **feet =** | **470** | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Initial Total Trench Length | 270 | | **Initial System Type:** | Accepted Status | |
| | | | **Initial System Max Trench Depth:** | 24 | |
| Repair Total Trench Length | 200 | | **Repair System Type:** | PPBPS | |
| | | | **Repair System Max Trench Depth:** | 24 | |

# Tobacco Road
# Lot 148
# 3 BR
# Harnett County

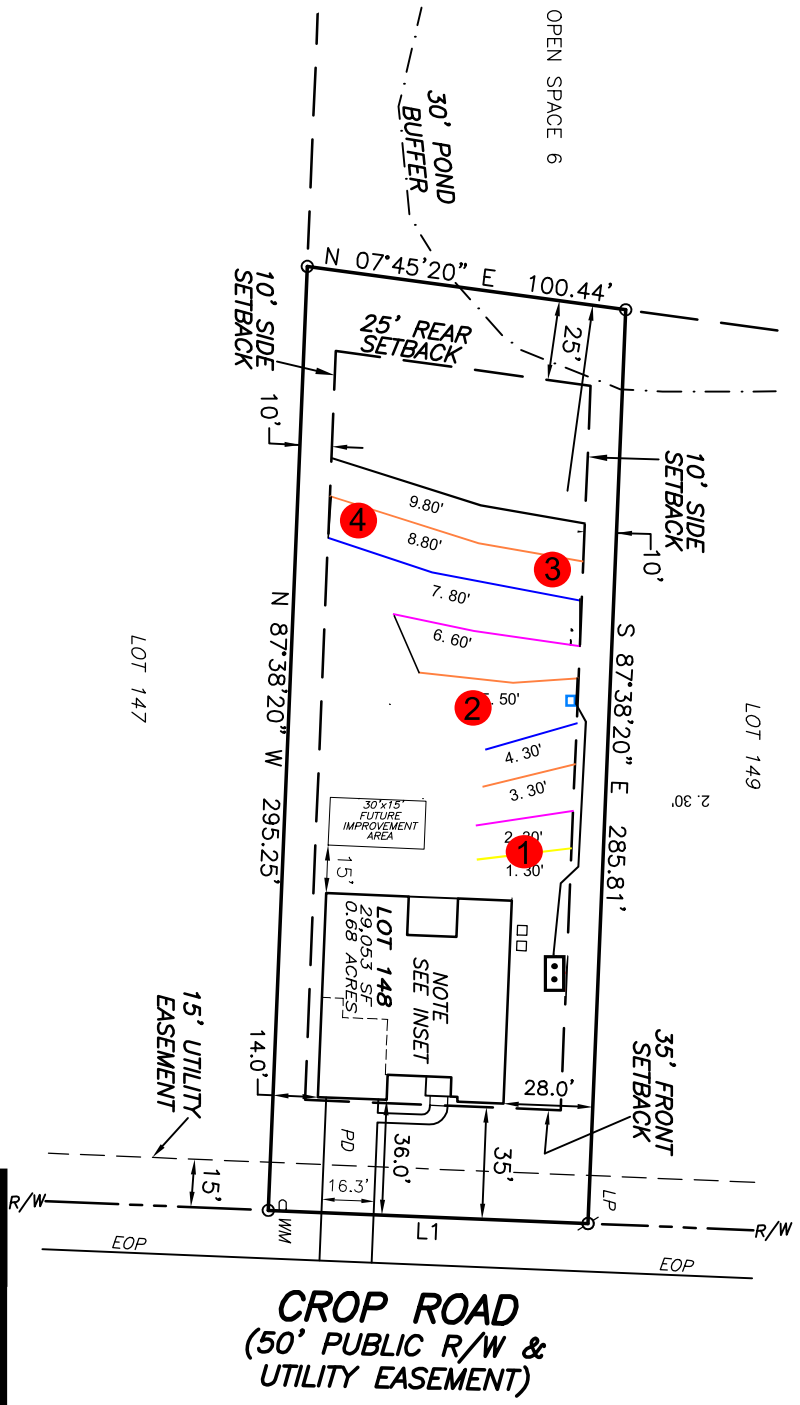
*House footprint to be field staked by survey and system verified prior to any constructic

**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




INITIAL:
Lines 5-8 (270')
Accepted Status
Gravity Serial
REPAIR:
Lines 1-4,9 (200')
PPBPS
Pressure Manifold

Adams
Soil Consulting
919-414-6761

# Tobacco Road
# Lot 148
# 3 BR
# Harnett County

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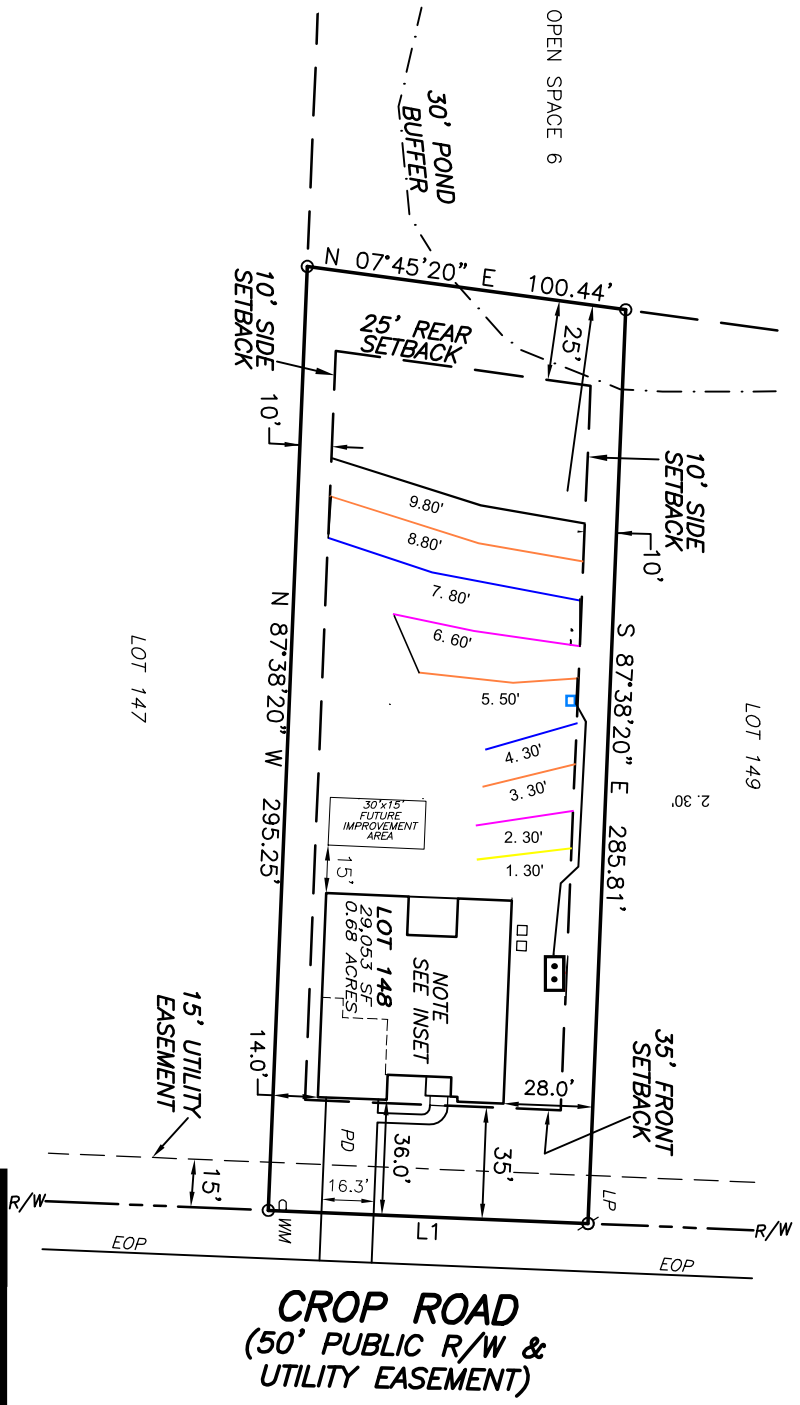


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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH


PROPERTY ID #: 0693-16-2418
COUNTY: Harnett

**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 3 BR PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: .67 Acres
LOCATION OF SITE: 62 Crop 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

| PROFILE # | .0502 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR | .0505 SOIL DEPTH | .0506 SAPRO CLASS | .0507 RESTR HORIZ | .0509 PROFILE CLASS & LTAR* | .0502(d) SLOPE CORRECTION |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Linear 8% | 0-24 | GR/LS | VFR,SEXP,NS | N.O | 40" | N.O | N.O | P.S .4 | 3" |
| | | 24-40 | SBK SCL | FI, SEXP,SS | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 | Linear 8% | 0-10 | GR/LS | VFR,SEXP,NS | N.O | 38" | N.O | N.O | P.S .4 | 3" |
| | | 10-38 | SBK SCL | FI, SEXP,SS | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3 | Linear 5% | 0-20 | GR/LS | VFR,SEXP,NS | N.O | 38" | N.O | N.O | P.S .35 | 3" |
| | | 20-38 | SBK SCL | FI, SEXP,SS | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 | Linear 5% | 0-10 | GR/SL | VFR,SEXP,NS | N.O | 38" | N.O | N.O | P.S .35 | 3" |
| | | 10-38 | SBK SCL | FI, SEXP,SS | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.0508) | S | S |
| System Type(s) | III B | III B |
| Site LTAR | .35 | .35 |
| Maximum Trench Depth | 24" | 24" |

SITE CLASSIFICATION (.0509): P.S
EVALUATED BY: Bobby Weaver/Alex Adams
OTHER(S) PRESENT:

Comments:

ACORD®

# 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).**

| PRODUCER | CONTACT NAME: Angela Sensenig | |
|---|---|---|
| Wade Associates, LLC<br>250 Pollock St.<br>New Bern NC 28560 | PHONE (A/C, No, Ext): (252) 631-5269 | FAX (A/C, No): (252) 649-2443 |
| | E-MAIL ADDRESS: asensenig@wadeict.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Lloyd's of London | A1122J |
| INSURED | INSURER B: | |
| Alex Adams, DBA: Adams Soil Consulting<br>1676 Mitchell Rd.<br>Angier NC 27501 | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**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 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 | | | | | | EACH OCCURRENCE | $ |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO<br>☐ ALL OWNED AUTOS<br>☐ HIRED AUTOS<br>☐ SCHEDULED AUTOS<br>☐ NON-OWNED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Errors & Omissions | | | PSN0040221161 | 1/31/2025 | 1/31/2026 | Each Occurrence | $1,000,000 |
| | | | | | | | General Aggregate | $1,000,000 |

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

**CERTIFICATE HOLDER**

*FOR INFORMATIONAL PURPOSES ONLY*
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXX

**CANCELLATION**

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