

## 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: 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_Residential3 # Bedrooms6Maximum # of Occupants Business
Requird_Attachments:xPlat_or_Siteplanx 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:
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: 5-16-25