



North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

☒ 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 ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other:

Facility Type:

☒ 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: _____

Required Attachments:

☒ Plat or Siteplan

☒ 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: [Signature]

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: _____

[illegible]

Tobacco Road

Lot 148

3 BR

Harnett County

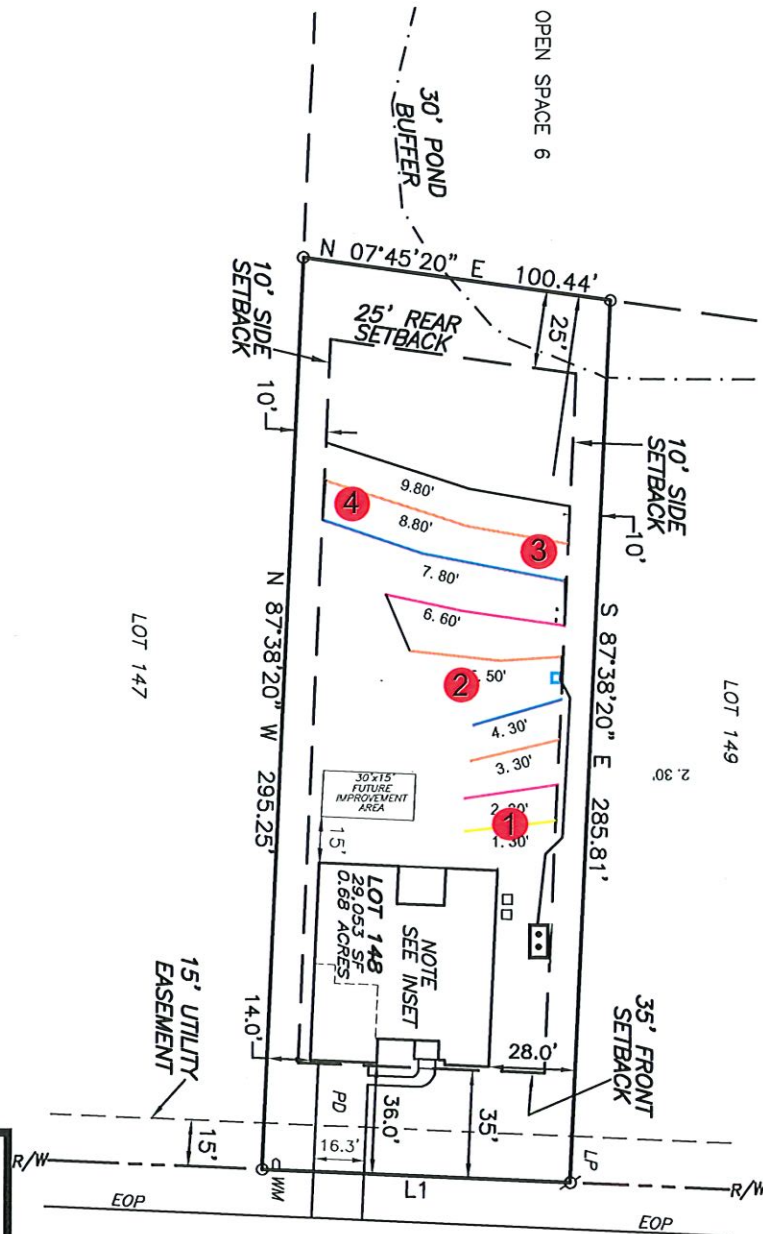
*House footprint to be field staked by survey and system verified prior to any constructic

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

***No cuts of 2' or greater within 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



CROP ROAD
(50' PUBLIC R/W & UTILITY EASEMENT)

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

Adams
Soil Consulting
919-414-6761

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 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

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 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	SITE CLASSIFICATION (.0509): <u>P.S</u> EVALUATED BY: <u>Bobby Weaver/Alex Adams</u> OTHER(S) PRESENT: _____
Available Space (.0508)	<u>S</u>	<u>S</u>	
System Type(s)	<u>III B</u>	<u>III B</u>	
Site LTAR	<u>.35</u>	<u>.35</u>	
Maximum Trench Depth	<u>24"</u>	<u>24"</u>	

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).

PRODUCER Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443 E-MAIL ADDRESS: asensenig@wadeict.com
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London NAIC # A1122J INSURER B: 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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**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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