North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct	
<u>x</u> New <u>Expansion</u> Repair Relocation 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 AdamsCertification #: AOWE# 10021EMailing address: 1676 Mitchell RoadCity: AngierState: NCState: 919-414-6761Email: alexadams@bcsoil.com	
Site Location Information: Site address: Lot #117 (Tobacco Road) 253 Priming Way - Angier, NC 27501 Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-16-7153 County: Harnett	
System Information: Accepted Status    Wastewater System Type: Type III (b)    Daily Design Flow: 480 gallons/day    Saprolite System:YesX_No    Subsurface Operator Required:YesX_No    Water Supply Type:Private WellX_Public Water Supply SpringOther:	
Facility Type:   X_Residential4_# Bedrooms8_ 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 <u>15th day of May 2025</u> 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 <u>15th day of May 2030</u> .	
Signature of Authorized Onsite Wastewater Evaluator: Documentative:	PM
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:Date:	

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

May 15, 2025 Project #1215

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

RE: Tobacco Road -Lot #117, 253 Priming Way. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-16-7153)

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. A separately submitted engineered flow reduction will accompany this permit.

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.

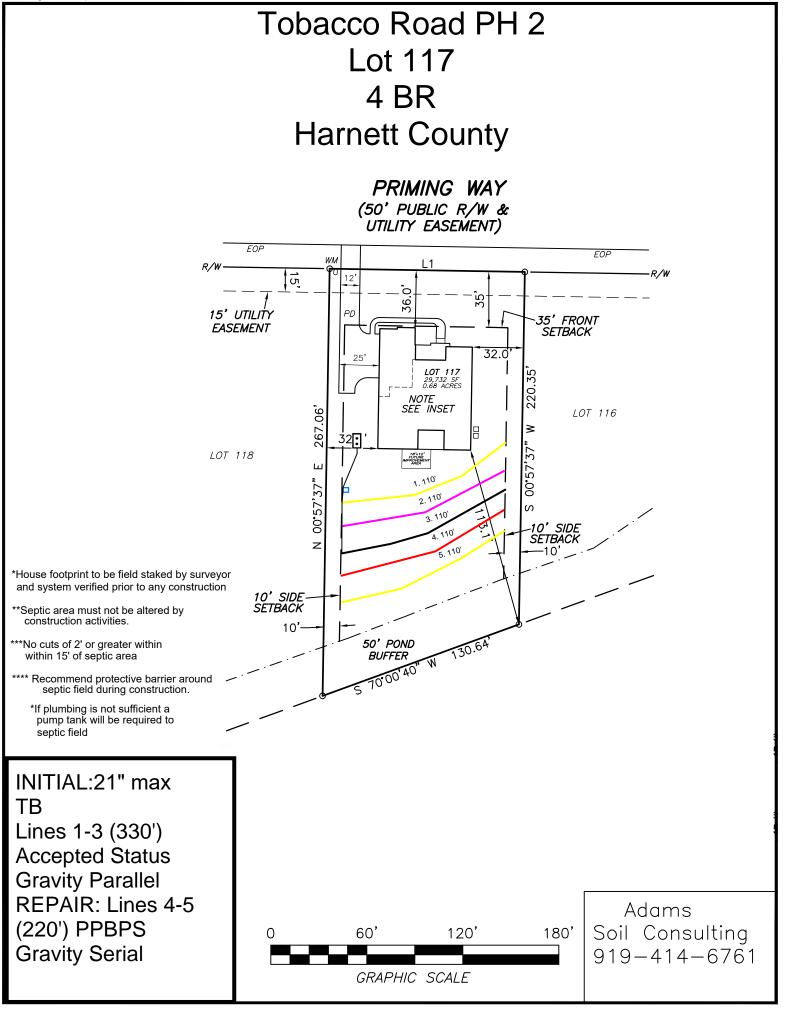
Sincerely,

Alex Adams NC Licensed Soil Scientist #1247 AOWE Certification: 10021E





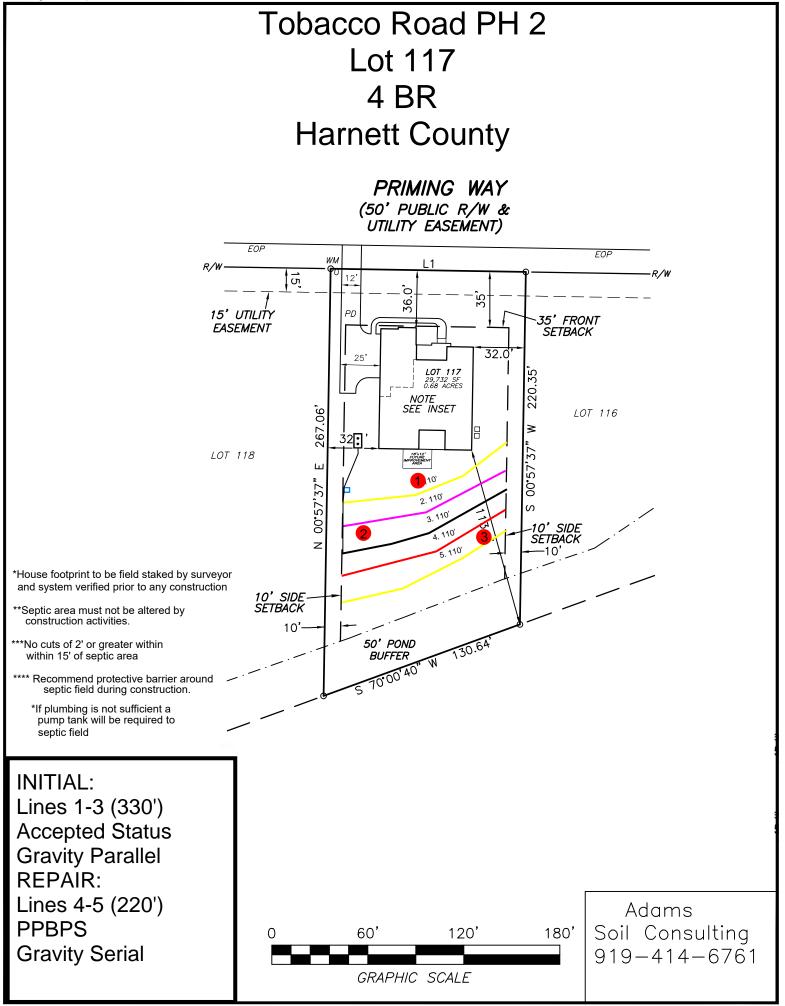
		Adams Soil Consulting, PLLC								
					AOWE NOI -	Design Spe				
Name:	Drees Home Com	<mark>o</mark> any		P.I.N. #:	<u>0693-16-7153</u>	5	County	Harnett		
Address:		Cultivator	<u>Ct.</u>	1	Subdiv: Tob	acco Road	Lot#:	<u>117</u>		
# of DDD.	4		400	a a l / d a v	Initial L.	TAD.	0.4000			
# of BDR:	<u>4</u>	Daily Flow:	<u>480</u>	gal/day			<u>0.4000</u> <u>0.4000</u>	gal/day/sq.ft		
Septic Tank:	1000	aale	Pump Tank:	N/A	Repair L. gals	Sq. Foot:	<u>990</u>	gal/day/sq.ft Stone Depth:		
Зеристанк.	1000	gals	Fump Tank.	<u>IN/A</u>	gais	эц. гоог.	<u>990</u>	Stone Depth.		
		-								
			11	ne Leng	the					
line	color	rod read	Elevation	length						
1	Yellow			110	Initial					
2	Pink			110	Initial					
3	White			110	Initial					
4	Red			110	Repair					
5	Yellow			110	Repair					
				_						
				_						
				-						
				_						
					Repair					
		total	feet =	550						
La Mal Tata	Tasa ah Lawath	330				Accepted C	Notuo			
Initial Lota	I Trench Length	<u></u>		Initial Syste	m Type: m Max Trench De	Accepted S	21			
				Initial Syste		ptn:	21			
Renair Tot	al Trench Length	220		Renair	System Type:	PPBPS				
					em Max Trench De		21			

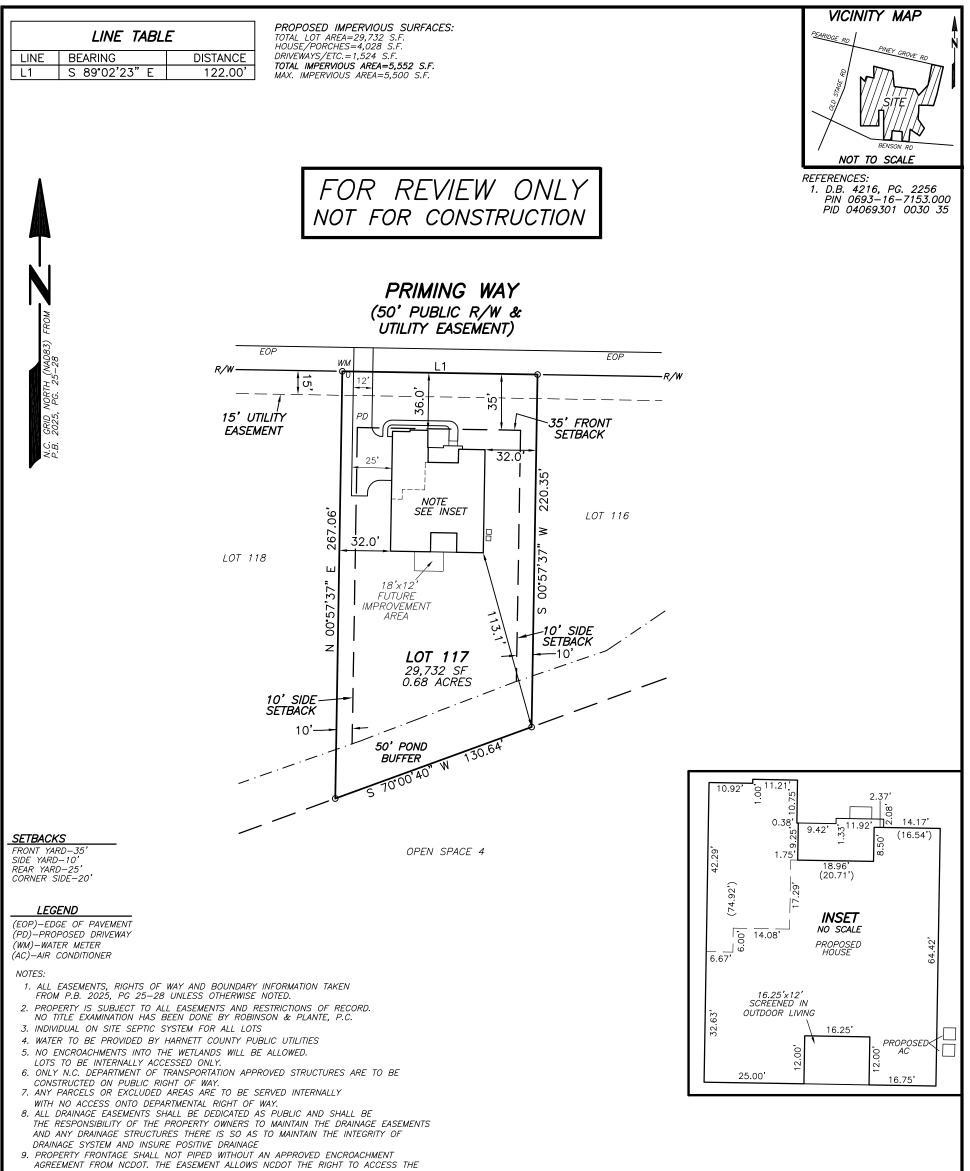


## SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

	R: Drees Ho	omes		(Complete all f	ields in full)		DAT	E EVALU	ATED:5/14	/2025
ADDRESS:									ORDED:	Y
			$r Boring \square Pit$		PE OF WASTE				_	
P R O F I			SOIL MO	RPHOLOGY	OTHER	R PROFII				
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
		0-30	GR/LS	VFR,SEXP,NS						
	Linear	30-33	SBK SCL	FI,SEXP,S	7.5yr 7/2	33"	N.O	N.O	U/P.S .4	3"
1	6%				@ 33"					
		0-24		VFR,SEXP,NS						
	Linear 6%	24-36	GR/LS SBK SCL			36"	N.O	N.O	P.S .4	3"
2		24-30	SDR SCL	FI,SEXP,S	N.O					
	0,0				1.10					
		0-24	GR/LS	VFR,SEXP,NS						
		24-36	SBK SCL	FI,SEXP,S					P.S .4	
3	Linear 6%				N.O	36"	N.O	N.O		3"
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	S	S	SITE CLASSIFICATION (.0509): U/P.S
System Type(s)	III G	III E	EVALUATED BY: Bobby Weaver/Alex Adams
Site LTAR	.3	.3	OTHER(S) PRESENT:
Maximum Trench Depth	18"	18"	
Comments:		•	





9. PROPERTY FRONTAGE SHALL NOT PIPED WITHOUT AN AGREEMENT FROM NCDOT. THE EASEMENT ALLOWS NO DRAINAGE EASEMENTS AND PERFORM WORK IT DEEMS TO ALLEVIATE ANY ISSUES JEOPARDIZING THE INTEGRA PRELIMINARY PLAT— NOT FOR RE CONVEYANCE, OR SALE	DOT THE RIGHT TO ACCESS THE NECESSARY OR PRUDENT TY OF THE ROADWAY.		survey for DREES HOI	
LOT 117 TOBACCO ROAD SUB PHASE 2 253 PRIMING WAY HARNETT COUNTY ANGIER, NC 27501		0	60' 12 GRAPHIC SCAL	
REFERENCE: PLAT BOOK_2025 P. I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DESCRIPTION RECORDED IN REFERENCES AS SHOWN; THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN	AGESEBASTIAN ELEV. J SEALED CRAWL SPACE SCREENED IN OUTDOOR LIVING GARAGE RIGHT SIDE	2	LAND SU C-2 970 TRIN RALEIGH, N PHONE (919	FILE: TBRDLOT117PP C PLANTE PC URVEYING 2687 IITY ROAD N.C. 27607 ) 859–6030 859–6032
PROFESSIONAL LAND SURVEYOR L-4433			DATE: 3–7–25	SCALE: 1"=60'

6

ACORD	CER	TIF	ICATE OF LIAI	BILIT	'Y INSU	IRANCE	Ξ	-	/DD/YYYY) /2025
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM, BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCEI	ATIVELY O	or ne e do	GATIVELY AMEND, EXTE ES NOT CONSTITUTE A C	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLIC	THIS	/2025
IMPORTANT: If the certificate hold the terms and conditions of the po certificate holder in lieu of such er	er is an A licy, certa	DDIT in po	IONAL INSURED, the polic						
PRODUCER	dorseme	nt(s).		CONTAC	TAngola	Sensenig			
Wade Associates, LLC				NAME: PHONE	(252)	631-5269	FAX	252)649-24	43
250 Pollock St.				E-MAIL		ig@wadeict	(A/C, NO).		
				ADDRES			DING COVERAGE		NAIC #
New Bern NC	28560			INSURE		s of Londo		А	1122J
INSURED				INSURE	ЯΒ:				
Alex Adams, DBA: Adams Soil	Consul	ting		INSURE	R C :				
1676 Mitchell Rd.				INSURE	R D :				
				INSURE	R E :				-
Angier NC	27501			INSURE	RF:				-
COVERAGES THIS IS TO CERTIFY THAT THE POLIC			E NUMBER: 25-26				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF S	REQUIRE	MENT, THE	TERM OR CONDITION OF AN INSURANCE AFFORDED BY	NY CONT THE POL	RACT OR OTH	HER DOCUME	NT WITH RESPECT TO WHICH	H THIS	
INSR LTR TYPE OF INSURANCE	ADD		2		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							EACH OCCURRENCE	6	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)		
							PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE S PRODUCTS - COMP/OP AGG		
OTHER:							PRODUCTS - COMP/OP AGG		
							COMBINED SINGLE LIMIT (Ea accident)		
ANY AUTO							BODILY INJURY (Per person)	6	
ALL OWNED SCHEDULE AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNE	D						PROPERTY DAMAGE (Per accident)	6	
							S	6	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	6	
EXCESS LIAB CLAIMS	MADE						AGGREGATE	6	
DED RETENTION \$							PER OTH-	6	
AND EMPLOYERS' LIABILITY	Y/N						STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	·					E.L. EACH ACCIDENT		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
		+	DGN0040221151		1/31/2025	1 / 21 / 22 0			*1 000 000
A Errors & Omissions			PSN0040221161		1/31/2025	1/31/2026	Each Occurrence General Aggregate		\$1,000,000 \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / V	HICLES (AC	URD 1	vi, Additional Remarks Schedule, n	nay be atta	cned if more spa	ce is required)			
CERTIFICATE HOLDER				CANCELLATION					
*FOR INFORMATIONAL F XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxx	xxx	ILY*	THE	EXPIRATION D	DATE THEREOR	SCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERE Y PROVISIONS.		EFORE
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				AUTHORIZED REPRESENTATIVE					
*****				N Whitsett/RACHEL					

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