

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

December 1, 2025
Project #1215

RE: 273 Priming Way - Angier, NC 27501- (Harnett County, NC PIN# 0693-16-6141)

OWNER ACCEPTANCE OF SEPTIC SYSTEM

I certify that Drees Homes is accepting the subsurface wastewater (septic) system installed at 273 Priming Way. The acceptance includes the AOWE permit as issued and designed by Adams Soil Consulting, PLLC and installed by Full Circle Septic Services).

Owner's Representative (print): 
4E761125D09C444...

Owner's Representative – (Signature Date): 12/2/2025 | 2:26:34 PM EST

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

December 1, 2025
Project #1215

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

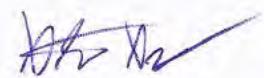
RE: 273 Priming Way- Angier, NC 27501- (Harnett County, NC PIN# 0693-16-6141)

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 in conformance 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

Date



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: treffzs@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 #118 Tobacco Road Subdivision

Site address: 273 Priming Way - Angier, NC 27501

Tax parcel identification number or subdivision lot, block number of property: PIN# 0693-16-6141

County: Harnett

System Information: Accepted Status

Wastewater System Type: Type III (b)

Daily Design Flow: 480 gallons/day

Saprolite System: Yes No Subsurface Operator Required: Yes No

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

Facility Type:

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: _____

Required Attachments:

Plat or Siteplan

Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 8th day of July 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 8th day of July 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
1676 Mitchell Road
Angier, NC 27501
919-414-6761
alexadams@besoil.com

July 8, 2025
Project #1215

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

RE: Tobacco Road -Lot #118, Grading Stick Ct. - Angier, NC - 4-bedroom Single Family Residence (PIN# 0693-16-6141)

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.

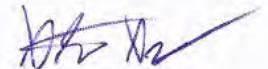
The initial and primary septic fields for the new home were sized based on a flow rate of 480 gallons/day and utilizing Accepted Status system for the initial and a PPBPS repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

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



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Drees Homes

DATE EVALUATED: 6/19/2025

ADDRESS: _____

PROPOSED FACILITY: Single Family 4 BR PROPOSED DESIGN FLOW (.0400): 480 gpd PROPERTY SIZE: .66 Acres

LOCATION OF SITE: 273 Priming Way, 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 4%	0-28	GR/LS	VFR,SEXP,NS	N.O	36"	N.O	N.O	P.S .35	2"
		28-36	SBK SCL	FI,SEXP,S						
2	Linear 4%	0-30	GR/LS	VFR,SEXP,NS	N.O	36"	N.O	N.O	P.S .35	2"
		30-36	SBK SCL	FI,SEXP,S						
3	Linear 4%	0-30	GR/LS	VFR,SEXP,NS	N.O	36"	N.O	N.O	P.S .35	2"
		30-36	SBK SCL	FI,SEXP,S						
4	Linear 4%	0-30	GR/LS	VFR,SEXP,NS	N.O	36"	N.O	N.O	P.S .35	2"
		30-36	SBK SCL	FI,SEXP,S						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	III G	III G
Site LTAR	.35	.35
Maximum Trench Depth	20"	20"

SITE CLASSIFICATION (.0509): P.S

EVALUATED BY: Bobby Weaver/Alex Adams

OTHER(S) PRESENT: _____

Comments: _____

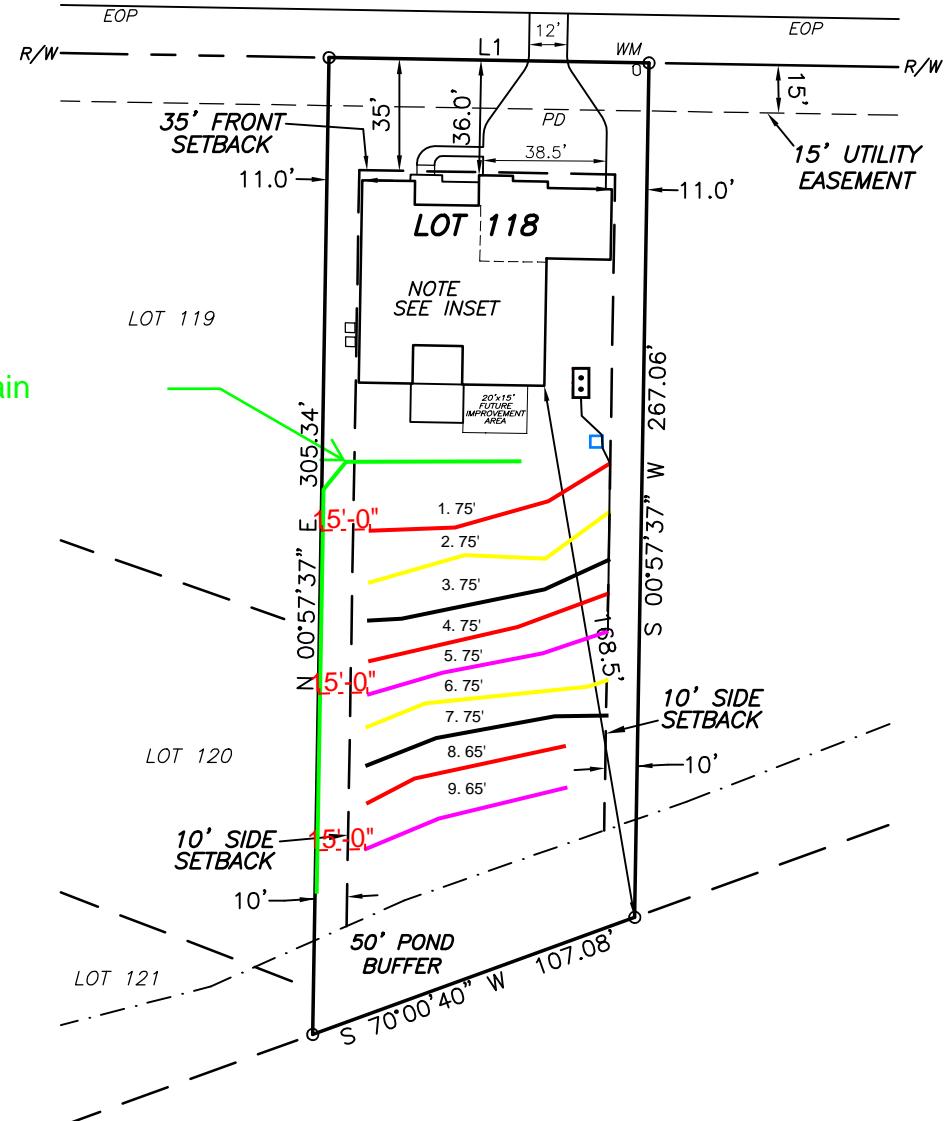
Tobacco Road PH 2

Lot 118

4 BR

Harnett County

PRIMING WAY
(50' PUBLIC R/W &
UTILITY EASEMENT)



INITIAL:
Lines 1-5 (375')
Accepted Status
Gravity Parallel
REPAIR:
Lines 6-9 (280')
PPBPS
Pressure Manifold

SCALE: 1" = 50'

Adams
Soil Consulting
919-414-6761



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