



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: SBM Homes, LLC

Name: Johnny Byrd

Mailing address: 301 Fayetteville St Suite 1700 City: Raleigh State: NC Zip: 27601

Phone: 919-478-0965

Email: jbyrdconstruction9@gmail.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:

Site address: 325 Ray Byrd Road - Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property:

PIN# 0558-39-4444

County: Harnett

System Information:

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 15 day of September, 2023 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 15 day of September, 2028.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature of Owner or Legal Representative: Johnny Byrd

9-18-23

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@bcsoil.com

September 15, 2023
Project #1763

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

RE: 325 Ray Byrd Road – Lillington, NC - 3-bedroom Single Family Residence

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 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems". From this evaluation, ASC is providing the attached septic system design for a new single-family home sized for a 360 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 360 gallons/day and utilizing Accepted Status system for the initial and 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 primary 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 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.

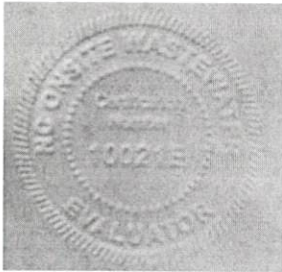
This report does not guarantee the future function of any waste water disposal system installed.

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



SBM Homes, LLC
 3-Bedroom Septic Design
 325 Ray Byrd Road- Lillington, NC
 Harnett County PIN: 0558-39-4444

**1000 Gallon Septic and Pump Tanks
 Tank and trenches to be located minimum of 10'
 from any property line and minimum of 5'
 from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks
 *Contact local health dept. and/or Alex Adams prior to
 or during installation with any questions or concerns.

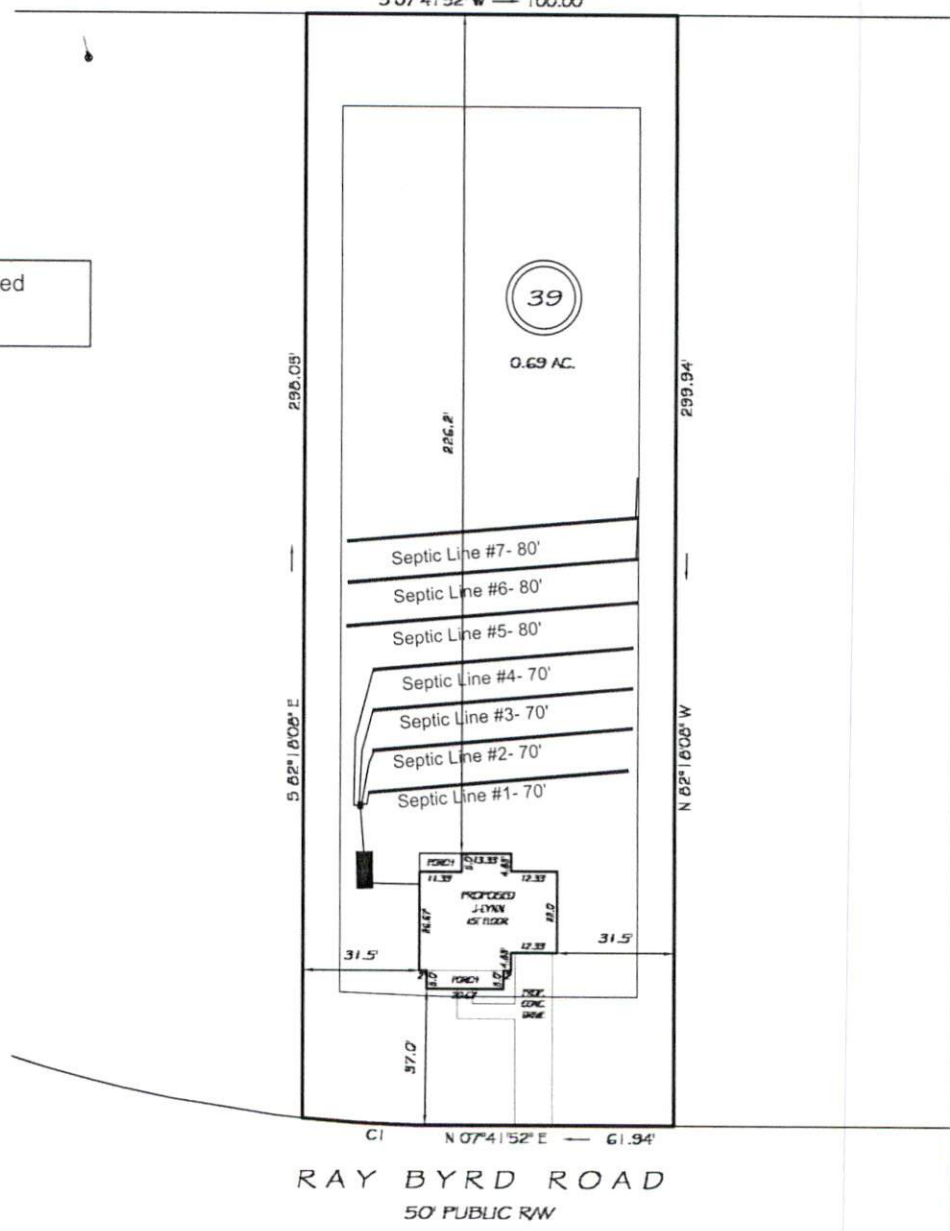
*Not a Survey
 Sketched from a plot plan supplied by owner

VATER A. BUIE
 DB 702 PG 30

S 07°41'52" W — 100.00'

Septic Lines will need to be reflagged
 once vegetation is cleared.

System: Gravity to D-Box
 Lines: 1-4 (280')
 0.4 LTAR
 16" Max Trench Bottom
 Accepted Status System
 Repair: Gravity to D-Box
 Lines: 5-7 (240')
 0.3 LTAR
 16" Max Trench Bottom
 Accepted Status System



RAY BYRD ROAD
 50' PUBLIC RW

Adams
 Soil Consulting
 919-414-6761
 Job #1763
 9-15-23

GRAPHIC SCALE
 1" = 50'



SBM Homes, LLC
Soil Boring Location Map
325 Ray Byrd Road- Lillington, NC
Harnett County PIN: 0558-39-4444

****1000 Gallon Septic and Pump Tanks**
 Tank and trenches to be located minimum of 10' from any property line and minimum of 5' from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks
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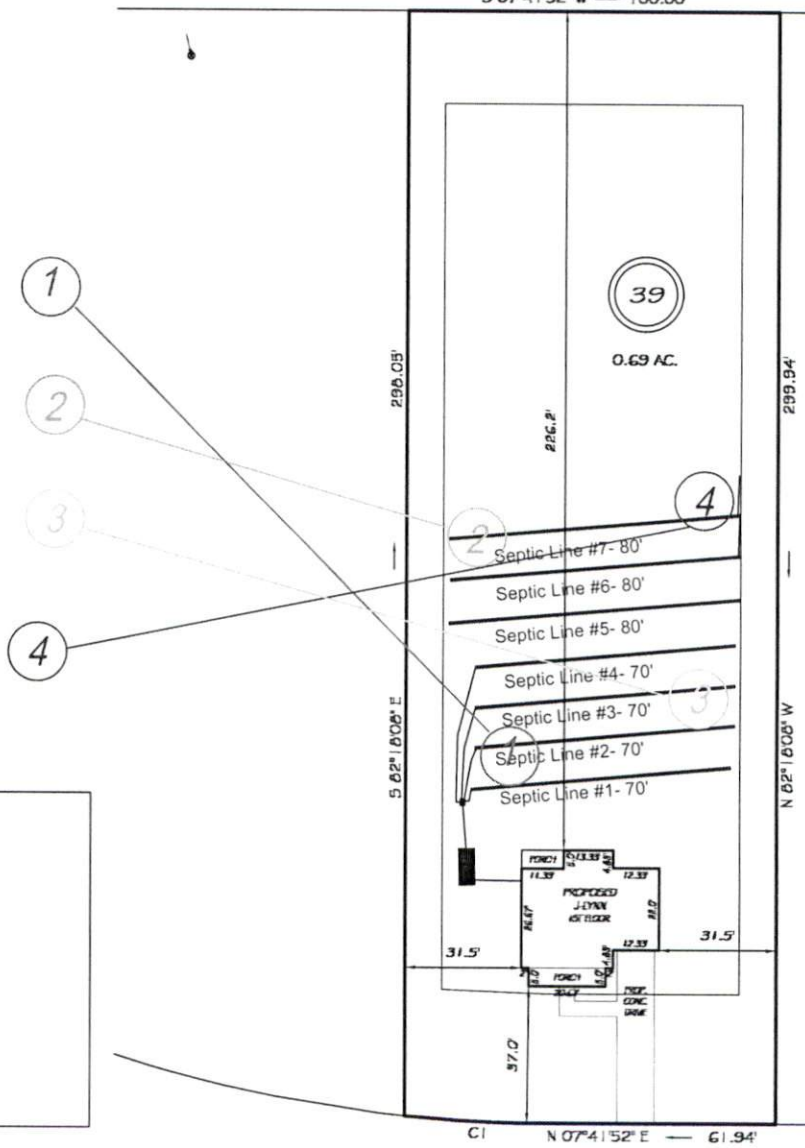
*Not a Survey
 Sketched from a plot plan supplied by owner

VATERA, BLUIE
 DB 702 PG 30

5 07°41'52" W → 100.00'

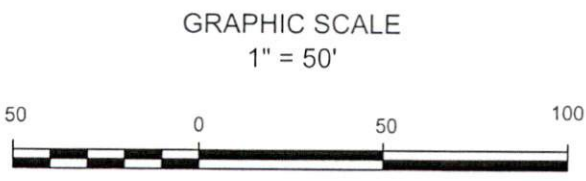
- Profile Description #1
See Soil/Site Evaluation Data Form
- Profile Description #2
See Soil/Site Evaluation Data Form
- Profile Description #3
See Soil/Site Evaluation Data Form
- Profile Description #4
See Soil/Site Evaluation Data Form

System: Gravity to D-Box
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 0.4 LTAR
 16" Max Trench Bottom
 Accepted Status System
 Repair: Gravity to D-Box
 Lines: 5-7 (240')
 0.3 LTAR
 16" Max Trench Bottom
 Accepted Status System



CI N 07°41'52" E → 61.94'
RAY BYRD ROAD
 50' PUBLIC RW

Adams
 Soil Consulting
 919-414-6761
 Job #1763
 9-15-23



SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
 (Complete all fields in full)

OWNER: SBM Homes, LLC

APPLICATION DATE:

ADDRESS:

DATE EVALUATED: 8-10-23

PROPOSED FACILITY: Single Family, 3-bedroom PROPOSED DESIGN FLOW (.1949): 360gpd

PROPERTY SIZE: ~0.5 Acres

LOCATION OF SITE: 325 Ray Byrd Road – Lillington, NC

WATER SUPPLY: Private Well

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

P R O F I L E #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPT H	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear Slope/3%	0-8	GR/SL	FR/NS/NP/SEXP	28"	N/A	N/A	N/A	P.S./4
		8-30	SBK/SCL	FI/SEXP/S/P					
2	Linear Slope/3%	0-8	GR/SL	FR/NS/NP/SEXP	34"	N/A	N/A	N/A	P.S./4
		8-36	SBK/SCL	FI/SEXP/S/P					
3	Linear Slope/3%	0-8	GR/SL	FR/NS/NP/SEXP	N.O	N/A	N/A	N/A	P.S./4
		8-36	SBK/SCL	FI/SEXP/S/P					
4	Linear Slope/3%	0-8	GR/SL	FR/NS/NP/SEXP	36	N/A	N/A	N/A	P.S./4
		8-36	SBK/SCL	FI/SEXP/S/P					

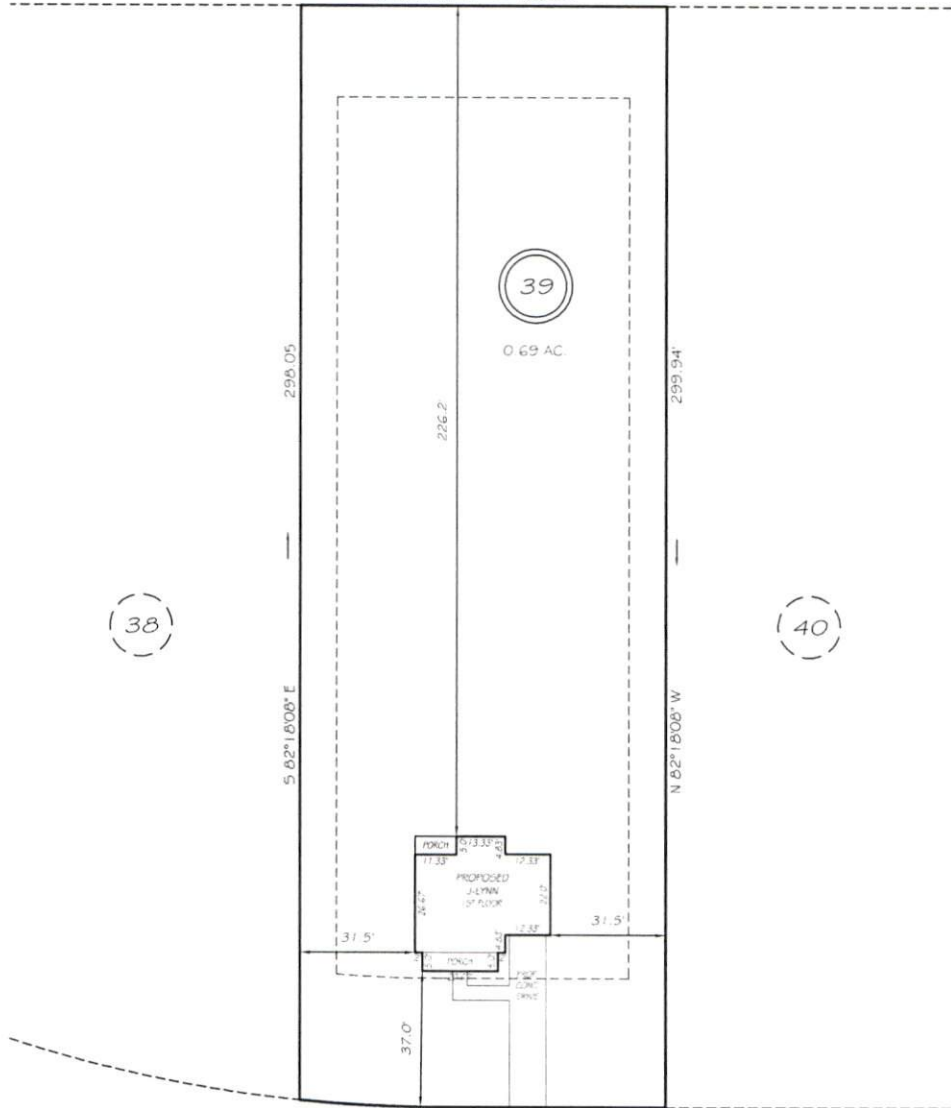
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): U/PS EVALUATED BY: A. Adams OTHER(S) PRESENT:
Available Space (.1945)	S	S	
System Type(s)	Type III (g)	Type III (g)	
Site LTAR	0.4	0.4	

I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by coordinates is 1:10,000+; that the area shown hereon was calculated by coordinates.
 Witness my hand and seal this day of MONTH 2023.

PB 2002 PG 89
 HARNETT CO. REGISTRY

VATER A. BUIE
 DB 702 PG 30

S 07°41'52" W — 100.00'



CI N 07°41'52" E — 61.94'

RAY BYRD ROAD
 50' PUBLIC RAW

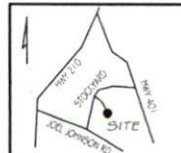
SETBACKS

FRONT 35'
 REAR 25'
 SIDE 10'
 CORNER SIDE 20'

CI R=383.22' L=38.120 N10°32'51" E 38.11'

PRELIMINARY
 NOT FOR RECORDATION,
 SALES OR CONVEYANCE

LEGEND			
EIP	EXISTING IRON PIPE	FES	FLARED END SECTION
IPS	IRON PIPE SET	WM	WATER METER
RAW	RIGHT OF WAY	CO	CLEAN OUT
N/F	NOW OR FORMERLY	FH	FIRE HYDRANT
EIS	EXISTING IRON STAKE	CB	CATCH BASIN



GRIFFIN LAND SURVEYING, INC.

P.O. BOX 148
 FUQUAY-VARINA, NC 27526
 (919) - 567 - 1963

PLOT PLAN
 FOR

SBM HOMES LLC

STOCKYARD ROAD ESTATES II
 LOT 39
 325 RAY BYRD ROAD
 LILLINGTON, N.C.
 HARNETT COUNTY LILLINGTON TOWNSHIP

DRAWN BY KDF

DATE 9/11/23

CHECKED BY MPG

SCALE 1" = 40'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/7/2023

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		PHONE (A/C, No, Ext): (252) 631-5269	FAX (A/C, No): (252) 649-2443
250 Pollock St.		E-MAIL ADDRESS: asensenig@wadeict.com	
New Bern NC 28560		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Markel Insurance Company	
Alex Adams, DBA: Adams Soil Consulting		INSURER B:	
1676 Mitchell Rd.		INSURER C:	
Angier NC 27501		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC # 38970	

COVERAGES CERTIFICATE NUMBER: 23-24 Master 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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions			ME011181	1/31/2023	1/31/2024	General Aggregate \$1,000,000 Each Occurrence \$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
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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