



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: 232 Ray Byrd Road - Lillington, NC 27546  
 Tax parcel identification number or subdivision lot, block number of property:  
 PIN# 0558-39-3831 County: Harnett

System Information:  
 Wastewater System Type: Type III (b)  
 Daily Design Flow: 360 gallons/day  
 Sapolite 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 4th day of December 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 24th day of December 2028.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams  
 Signature of Owner or Legal Representative: [Signature] 12-4-23

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**

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December 1, 2023  
Project #1763

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

RE: 232 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.

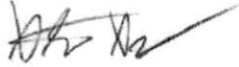
The initial and primary septic fields for the new home were sized based on a flow rate of 360 gallons/day and utilizing Accepted Status system for the initial and repair system. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

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.

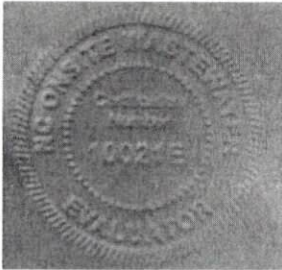
This report does not guarantee the future function of any waste water disposal system installed.

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,

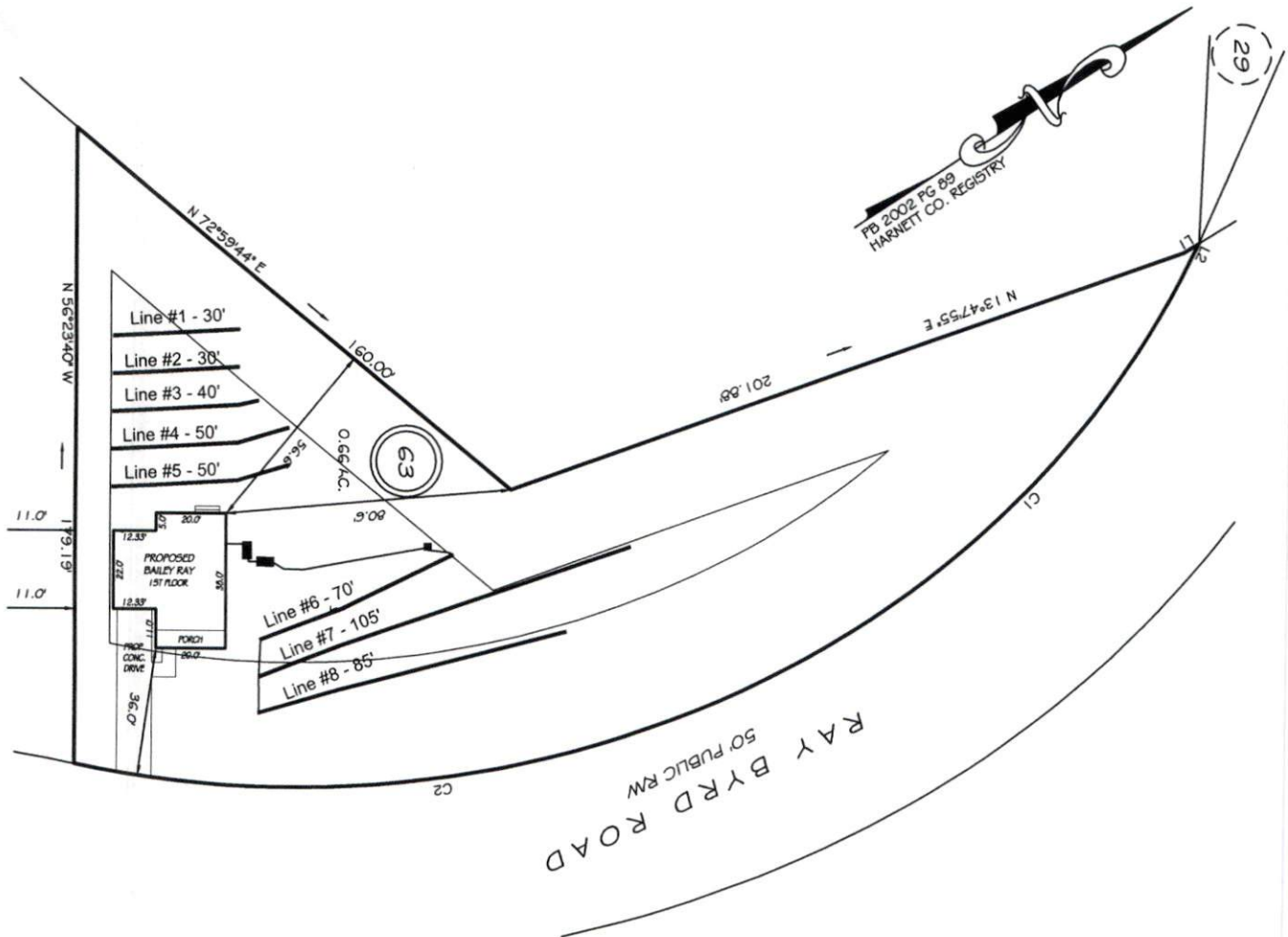


Alex Adams  
NC Licensed Soil Scientist #1247  
AOWE Certification: 10021E



**SBM Homes, LLC**  
**3-Bedroom - Septic Design**  
**232 Ray Byrd Road - Lillington**  
**Harnett County PIN: 0558-39-3831**

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



\*~6-8" of approved soil cover required over initial drainfield.

**\*\*1000 Gallon Septic and Pump Tank**  
 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.

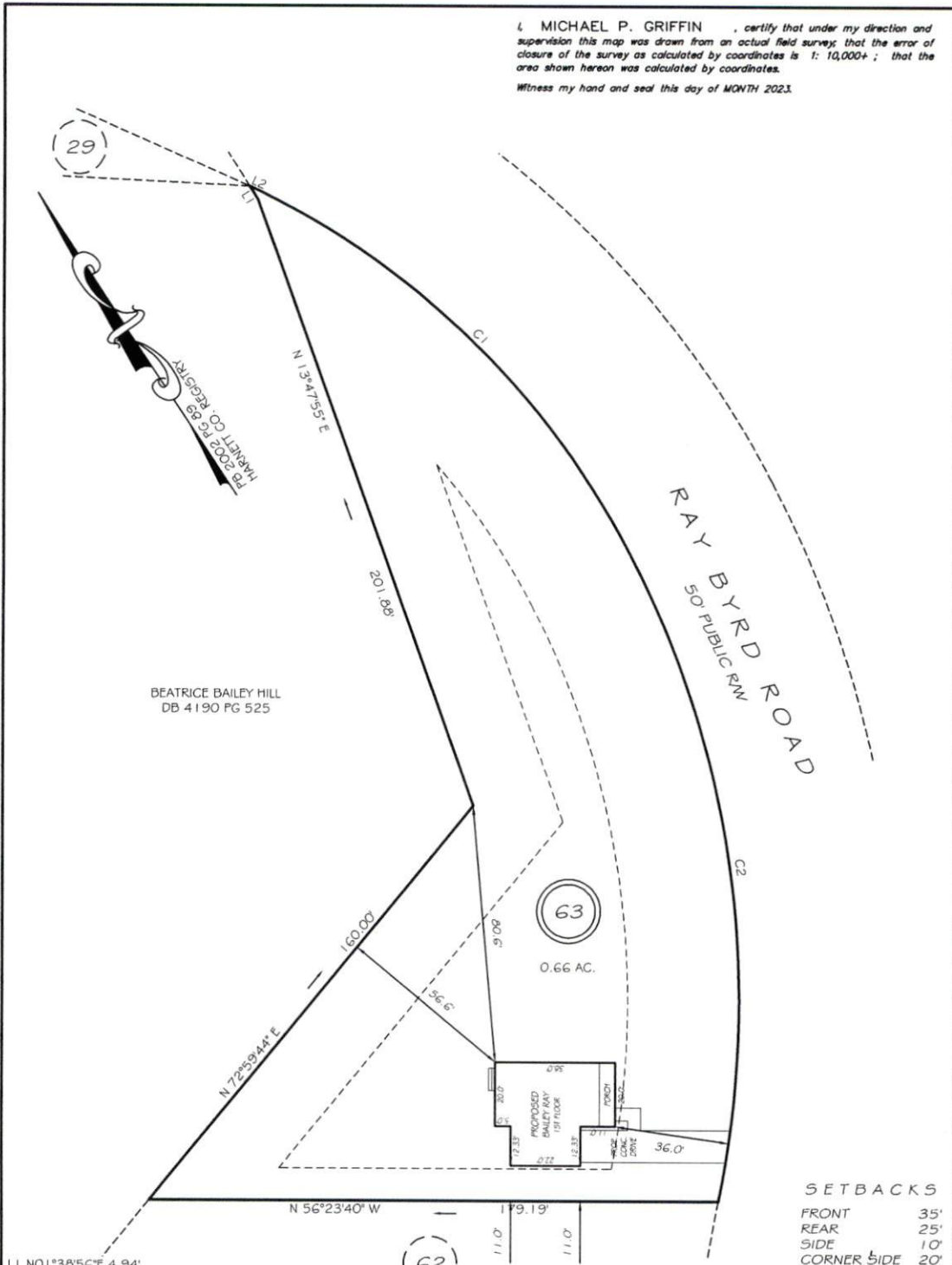
System: Pump to serial  
 Lines: 6-8 (260')  
 0.35 LTAR  
 14" Max Trench Bottom  
 Accepted Status System - Chambers  
 Repair: Pressure Manifold  
 Lines: 1-5 (200')  
 0.35 LTAR  
 18" Max Trench Bottom  
 T&J Panel Block - 50% reduction system

GRAPHIC SCALE  
 1" = 50'



Adams  
 Soil Consulting  
 919-414-6761  
 Job #1763  
 11-20-23

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.



L1 N01°38'56"E 4.94'  
 L2 S30°52'24"E 4.18'  
 C1 R=260.37' L=165.49' S12°12'19"E 162.71'  
 C2 R=303.78' L=206.59' S25°40'25"W 204.52'

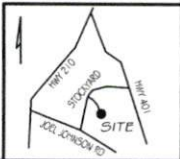
SETBACKS

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

**PRELIMINARY**  
 NOT FOR RECORDATION,  
 SALES OR CONVEYANCE

LEGEND

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



**LS** 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 63  
 232 RAY BYRD ROAD  
 LILLINGTON, N.C.  
 HARNETT COUNTY LILLINGTON TOWNSHIP

DRAWN BY <u>KDF</u>	DATE <u>11/2/23</u>
CHECKED BY <u>MPG</u>	SCALE <u>1" = 40'</u>



# 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).

<b>PRODUCER</b> Wade Associates, LLC 250 Pollock St.  New Bern NC 28560		<b>CONTACT NAME:</b> Angela Sensenig <b>PHONE (A/C, No, Ext):</b> (252) 631-5269 <b>FAX (A/C, No):</b> (252) 649-2443 <b>E-MAIL ADDRESS:</b> asensenig@wadeict.com	
<b>INSURED</b> Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd.  Angier NC 27501		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Markel Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	<b>Errors &amp; Omissions</b>			MEO11181	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)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
*FOR INFORMATIONAL PURPOSES ONLY* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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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