

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

| x_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: jbyrdcontruction9@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: 510 Ray Byrd Road - Lillington, NC 27546   |
| Tax parcel identification number or subdivision lot, block number of property:  |
| PIN# 0558-38-0571 County: <u>Harnett</u>  |
| System Information:  Wastewater System Type: Type III (b)  Daily Design Flow: 360 gallons/day  Saprolite System:YesXNo  |
| Facility Type: X_Residential3_# Bedrooms6_ Maximum # of Occupants Business  |
| Requird_Attachments: xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist   |
| Attest: On this the 12th 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 12th day of December, 2028. |
| Signature of Authorized Onsite Wastewater Evaluator: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| 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@bcsoil.com

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December 11, 2023 Project #1763

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

RE: 510 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. Septic Area must be protected from any construction traffic.

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

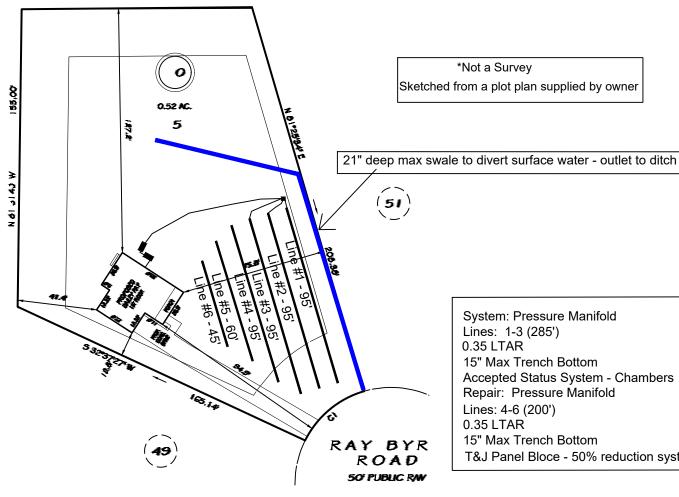




### Permit Requirements

- \*8-10" of soil cover required over initial drainfield
- \*surface water diversion drain/swale required.
- \*System area will need to be reflagged prior to
- \*Installer to contact Alex Adams prior to construction
- \*System Area must be fenced off and protected from construction traffic.

SBM Homes, LLC 3-Bedroom - Septic Design 510 Ray Byrd Road - Lillington Harnett County PIN: 0558-38-0571



Sketched from a plot plan supplied by owner

\*Not a Survey

System: Pressure Manifold

Lines: 1-3 (285') 0.35 LTAR

15" Max Trench Bottom

Accepted Status System - Chambers

Repair: Pressure Manifold

Lines: 4-6 (200')

0.35 LTAR

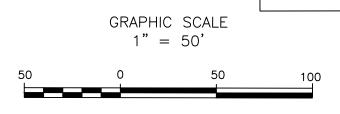
15" Max Trench Bottom

T&J Panel Bloce - 50% reduction system

\*\*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.

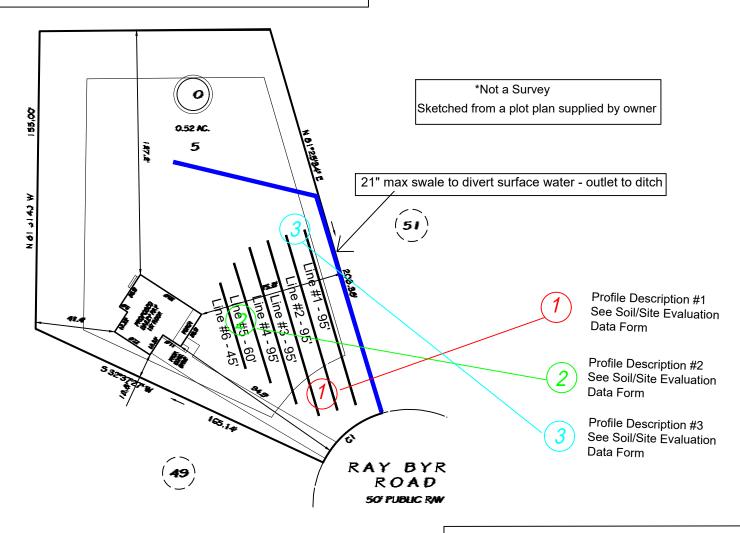
Adams Soil Consulting 919-414-6761 Job #1763 12-11-23



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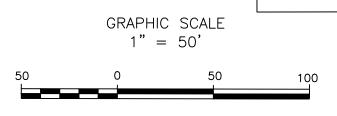
SBM Homes, LLC
Soil Boring Location Map
510 Ray Byrd Road - Lillington
Harnett County PIN: 0558-38-0571



\*\*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
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Adams
Soil Consulting
919-414-6761
Job #1763
12-11-23



## 510 Ray Byrd Road PRESSURE MANIFOLD DESIGN -

SBM Homes, LLC

# of BDR:  $\underline{3}$  Daily Flow:  $\underline{360}$  gal/day L.T.A.R.:  $\underline{0.2500}$  gal/day/sq.ft

Septic Tank: 1000 gals Pump Tank: 1000 gals Sq. Foot: 855 System Type: Accepted

Number of Taps: 3 Length of Trenches: 285 ft(See Tap Chart for Details)

Depth of Trenches: 15 in Manifold Length: 36 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 75 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss:  $\underline{1.61}$  ft(supply line length + 70' for fittings in pump tank)

Design Head:  $\underline{2}$  ft Elevation Head:  $\underline{6.00}$  ft

Total Head: 9.61 ft Pump to Deliver: 21.33 gals/min at 9.61 ft head

Dosing Volume: <u>130</u> gals,

Drawdown:  $\underline{130}$  gals divided by  $\underline{21.4}$  gals/in =  $\underline{6.1}$  inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

#### **TAP CHART**

| Benchmark         | <u>0</u>     | is = 100.00 | set at          |             |                         |          | Design Head:   | 2                            |           |                        | Change in                 |
|-------------------|--------------|-------------|-----------------|-------------|-------------------------|----------|----------------|------------------------------|-----------|------------------------|---------------------------|
| Pump tank elev.   |              | <u>18</u>   | 95.00           | Pump elev.  | 90.00                   |          | Manifold elev. | 96.00                        |           | # of Panels<br>(PPBPS) | Spacing of<br>Panels (in) |
| line              | color        | rod read    | Elevation       | length      | hole size               | flow/tap | gal/day        | trench area                  | LINE LTAR |                        |                           |
| 1                 | Red          | 5.00        | 95.00           | 95          | 1/2in SCH 40            | 7.11     | 120.00         | 285                          | 0.4211    |                        |                           |
| 2                 | Yellow       | 5.30        | 94.70           | 95          | 1/2in SCH 40            | 7.11     | 120.00         | 285                          | 0.4211    |                        |                           |
| 3                 | Blue         | 5.50        | 94.50           | 95          | 1/2in SCH 40            | 7.11     | 120.00         | 285                          | 0.4211    |                        |                           |
|                   |              |             |                 |             |                         |          |                |                              |           |                        |                           |
|                   |              |             | Total Feet =    | 285         | gal/min                 | 21.33    |                | LTAD                         | 0.3500    |                        |                           |
|                   |              |             | Feet Required = |             | gal/min =<br>Velocity = | 2.04     |                | <u>LTAR =</u><br>(Itar + 5%) | 0.3675    |                        |                           |
| Total # of Panels | (PPRPS)      |             | reet Required = | Des. Flow   | 360                     | 2.04     |                | (ltar w/25% red)             | 0.3673    |                        |                           |
| % of Dose Vol.    | s (i i bi o) | 70          |                 | Pump Run=   |                         |          |                | (ltar + 5%)                  | 0.4900    |                        |                           |
| Dose Volume       |              | 130         |                 | Tank Gal/IN | <u>21.4</u>             |          |                | (1141 1 0 70)                | 0.4000    |                        |                           |
| Dose Pump Time    | e            | 6.08        |                 | Elev. Head  | 6.00                    |          |                |                              |           |                        |                           |
| Drawdown in Inc   |              | 6.1         |                 |             | 0.00                    |          |                |                              |           |                        |                           |
| Comments:         |              | 5.1         |                 |             |                         |          |                |                              |           |                        |                           |

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

(Complete all fields in full)

OWNER: SBM Homes, LLC

APPLICATION DATE:

ADDRESS:

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

DATE EVALUATED: 12-10-23 PROPERTY SIZE: ~0.59 Acres

LOCATION OF SITE: 510 Ray Byrd Road – Lillington, NC

WATER SUPPLY: Private Well

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

| P<br>R<br>O<br>F<br>I<br>L<br>E | .1940<br>LANDSCAPE<br>POSITION/<br>SLOPE % | HORIZON        | MORP                           | SOIL<br>PHOLOGY<br>1941)            | PI                                 |                            |                         |                         |                            |
|---------------------------------|--|----------------|--------------------------------|-------------------------------------|------------------------------------|----------------------------|-------------------------|-------------------------|----------------------------|
|                                 |  | DEPTH<br>(IN.) | .1941<br>STRUCTURE/<br>TEXTURE | .1941<br>CONSISTENCE/<br>MINERALOGY | .1942<br>SOIL<br>WETNESS/<br>COLOR | .1943<br>SOIL<br>DEPT<br>H | .1956<br>SAPRO<br>CLASS | .1944<br>RESTR<br>HORIZ | PROFILE<br>CLASS<br>& LTAR |
|                                 | Linear                                     | 0-8            | GR/SL                          | FR/NS/NP/SEXP                       | 32"                                | N/A                        | N/A                     | N/A                     | P.S .35                    |
| 1                               | Slope/3%                                   | /20/           |                                | FI/SEXP/S/P                         |                                    |                            |                         |                         |                            |
|                                 |  |                |                                |                                     |                                    |                            |                         |                         |                            |
|                                 | Linear                                     | 0-8            | GR/SL                          | FR/NS/NP/SEXP                       | 27"                                | N/A                        | N/A                     | N/A                     | P.S/.35                    |
|                                 | Slope/3%                                   | 8-30           | SBK/SCL                        | FI/SEXP/S/P                         |                                    |                            |                         |                         |                            |
|                                 |  |                |                                |                                     |                                    |                            |                         |                         |                            |
|                                 | Linear                                     | 0-8            | GR/SL                          | FR/NS/NP/SEXP                       | 32"                                | N/A                        | N/A                     | N/A                     | P.S/.35                    |
| 3                               | Slope/3%                                   | 8-30           | SBK/SCL                        | FI/SEXP/S/P                         |                                    |                            |                         |                         |                            |
| 4                               |  |                |                                |                                     |                                    |                            |                         |                         |                            |

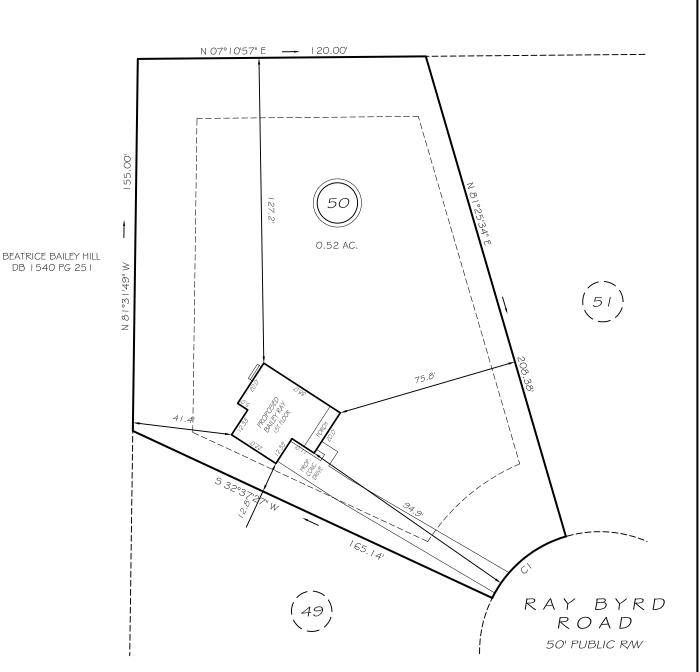
| DESCRIPTION             | INITIAL SYSTEM | REPAIR SYSTEM | OTHER FACTORS (.1946):                  |  |  |  |  |  |
|-------------------------|----------------|---------------|---|--|--|--|--|--|
| Available Space (.1945) | S              | s             | SITE CLASSIFICATION (.1948): U/PS       |  |  |  |  |  |
| System Type(s)          | Type III (b)   | Type III (b)  | EVALUATED BY:A. Adams OTHER(S) PRESENT: |  |  |  |  |  |
| Site LTAR               | 0.35           | 0.35          |   |  |  |  |  |  |

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.



JOSHUA MCCORMICK \$ ERNESTINE STOKES DB 4165 PG 93



SETBACKS

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

REVISION: MOVE & ROTATE HOUSE | 1/30/23 CI R=50.00' L=41.15' S32°09'07"E 40.00'

### RELIMINARY

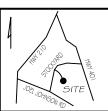
NOT FOR RECORDATION, SALES OR CONVEYANCE

### LEGEND

EXISTING IRON PIPE IRON PIPE SET RIGHT OF WAY NOW OR FORMERLY IPS R/W N/F

EXISTING IRON STAKE

FES FLARED END SECTION WATER METER WM CO FH CLEAN OUT FIRE HYDRANT СВ CATCH BASIN





## GRIFFIN LAND SURVEYING, INC.

FIP

P. O. BOX 148 FUQUAY – VARINA, N C 2 7 5 2 6 (9 1 9) - 5 6 7 - 1 9 6 3

| DRAWN BY KDF          | DATE 11/2/23           |
|-----------------------|------------------------|
| CHECKED <u>BY</u> MPG | SCAL <u>E 1" = 40'</u> |

## PLOT PLAN

# SBM HOMES LLC

STOCKYARD ROAD ESTATES II

LOT 50 510 RAY BYRD ROAD

LILLINGTON, N.C. HARNETT COUNTY LILLINGTON TOWNSHIP



#### **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.

| the terms and conditions of the policy, certificate holder in lieu of such endors  |   |   | rseme                              | nt. A stateme   | ent on this ce              | rtificate does no               | ot confer r | ights to the |  |  |
|--|---|---|------------------------------------|---|-----------------------------|---------------------------------|-------------|--------------|--|--|
| PRODUCER   |   |   | CONTAC                             | T Angela :  | Sensenig                    |                                 |             |              |  |  |
| Wade Associates, LLC   |   |   | PHONE (252) 621 5260 FAX (252) 640 |   |                             |                                 |             | 252)649-2443 |  |  |
| 250 Pollock St.  | (A/C, No, Ext): (252)031-5209 (A/C, No): (252)049-2443  E-MAIL ADDRESS: asensenig@wadeict.com |   |                                    |   |                             |                                 |             |              |  |  |
|  |   | INSURER(S) AFFORDING COVERAGE NAIC #  |                                    |   |                             |                                 |             |              |  |  |
| New Bern NC 28   | 560   |   | INSLIDE                            |   | Insurance                   |                                 |             | 38970        |  |  |
| INSURED  |   |   | INSURE                             |   | 11104141100                 | company                         |             | 30370        |  |  |
| Alex Adams, DBA: Adams Soil Con  | sultir  | ng  |                                    |   |                             |                                 |             |              |  |  |
| 1676 Mitchell Rd.  |   |   | INSURER C: INSURER D:              |   |                             |                                 |             |              |  |  |
|  |   |   | INSURER E :                        |   |                             |                                 |             |              |  |  |
| Angier NC 27   | 501   |   | INSURE                             |   |                             |                                 |             |              |  |  |
|  |   | TE NUMBER:23-24 Maste   |                                    | Nr.   |                             | REVISION NUM                    | MBER:       |              |  |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F | JIREMEN<br>TAIN, TH   | NT, TERM OR CONDITION OF AN<br>HE INSURANCE AFFORDED BY T<br>S. LIMITS SHOWN MAY HAVE BEI | Y CONT<br>HE POL                   | TRACT OR OTH<br>ICIES DESCRI<br>UCED BY PAID  | HER DOCUMEN<br>BED HEREIN I | NT WITH RESPEC                  | T TO WHIC   | H THIS       |  |  |
| INSR<br>LTR TYPE OF INSURANCE  | INSD W  |   |                                    | POLICY EFF<br>(MM/DD/YYYY)  | (MM/DD/YYYY)                |                                 | LIMITS      |              |  |  |
| COMMERCIAL GENERAL LIABILITY   |   |   |                                    |   |                             | EACH OCCURRENCE DAMAGE TO RENTE |             | \$           |  |  |
| CLAIMS-MADE OCCUR  |   |   |                                    |   |                             | PREMISES (Ea occu               |             | \$           |  |  |
|  |   |   |                                    |   |                             | MED EXP (Any one                | person)     | \$           |  |  |
|  |   |   |                                    |   |                             | PERSONAL & ADV I                | INJURY S    | \$           |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |   |   |                                    |   |                             | GENERAL AGGREGA                 | ATE S       | \$           |  |  |
| POLICY PRO-<br>JECT LOC  |   |   |                                    |   |                             | PRODUCTS - COMP.                |             | \$           |  |  |
| OTHER:   |   |   |                                    |   |                             | COMBINED SINGLE                 |             | \$           |  |  |
| AUTOMOBILE LIABILITY   |   |   |                                    |   |                             | (Ea accident)                   | ,           | \$           |  |  |
| ANY AUTO ALL OWNED SCHEDULED   |   |   |                                    |   |                             | BODILY INJURY (Pe               | . /         | \$           |  |  |
| AUTOS AUTOS NON-OWNED  |   |   |                                    |   |                             | BODILY INJURY (Pe               |             | \$           |  |  |
| HIRED AUTOS AUTOS  |   |   |                                    |   |                             | (Per accident)                  |             | \$           |  |  |
| UMBRELLA LIAB OCCUB  |   |   |                                    |   |                             |                                 |             |              |  |  |
| I I CCCOR  |   |   |                                    |   |                             | EACH OCCURRENC                  |             | \$           |  |  |
| GEANNO-INIABE  | 1   |   |                                    |   |                             | AGGREGATE                       |             | \$           |  |  |
| DED RETENTION \$ WORKERS COMPENSATION  |   |   |                                    |   |                             | PER<br>STATUTE                  | OTH-<br>ER  | \$           |  |  |
| AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   | .   |   |                                    |   |                             | E.L. EACH ACCIDEN               |             | Φ.           |  |  |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A   |   |                                    |   |                             | E.L. DISEASE - EA E             |             | \$           |  |  |
| If yes, describe under   |   |   |                                    |   |                             | E.L. DISEASE - POLI             |             | \$           |  |  |
| DÉSCRIPTION OF OPERATIONS below  |   |   |                                    |   |                             |                                 | CT LIWIT    |              |  |  |
| A Errors & Omissions   |   | MEO11181  |                                    | 1/31/2023   | 1/31/2024                   | General Aggregate               |             | \$1,000,000  |  |  |
|  |   |   |                                    |   |                             | Each Occurrence                 |             | \$1,000,000  |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE  | S (ACORE  | D 101, Additional Remarks Schedule, m.  | ay be atta                         | cched if more space   | ce is required)             |                                 |             |              |  |  |
| CERTIFICATE HOLDER   |   |   | CANO                               | ELLATION  |                             |                                 |             |              |  |  |
| *FOR INFORMATIONAL PURPOSES ONLY* 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 |                             |                                 |             |              |  |  |
| 1  | N Whitsett/RACHEL   |   |                                    |   |                             |                                 |             |              |  |  |