



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: 826 Roberts Road - Sanford, NC 27546
 Tax parcel identification number or subdivision lot, block number of property:
 PIN# 9586-39-8619 County: Harnett

System Information:
 Wastewater System Type: Type III (b)
 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 # Bedrooms 3 6 Maximum # of Occupants
 Business Type of Business and Basis for Flow: _____
 Public Assembly Type of Public Assembly and Basis for Flow: _____

Requird Attachments:
 Plat or Siteplan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 23 day of August 2024 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 23 day of August, 2024

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams
 Signature of Owner or Legal Representative: [Signature]

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

August 24, 2024
Project #2003

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

RE: 754 Roberts Road – Sanford, 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.

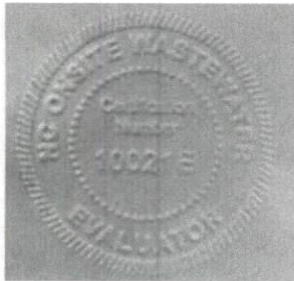
This report does not guarantee the future function of any waste water disposal system installed.

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



SBM Homes, LLC
 3-Bedroom Septic Design
 754 Roberts Road - Lillington, NC
 Harnett County PIN: 9586-49-0496

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

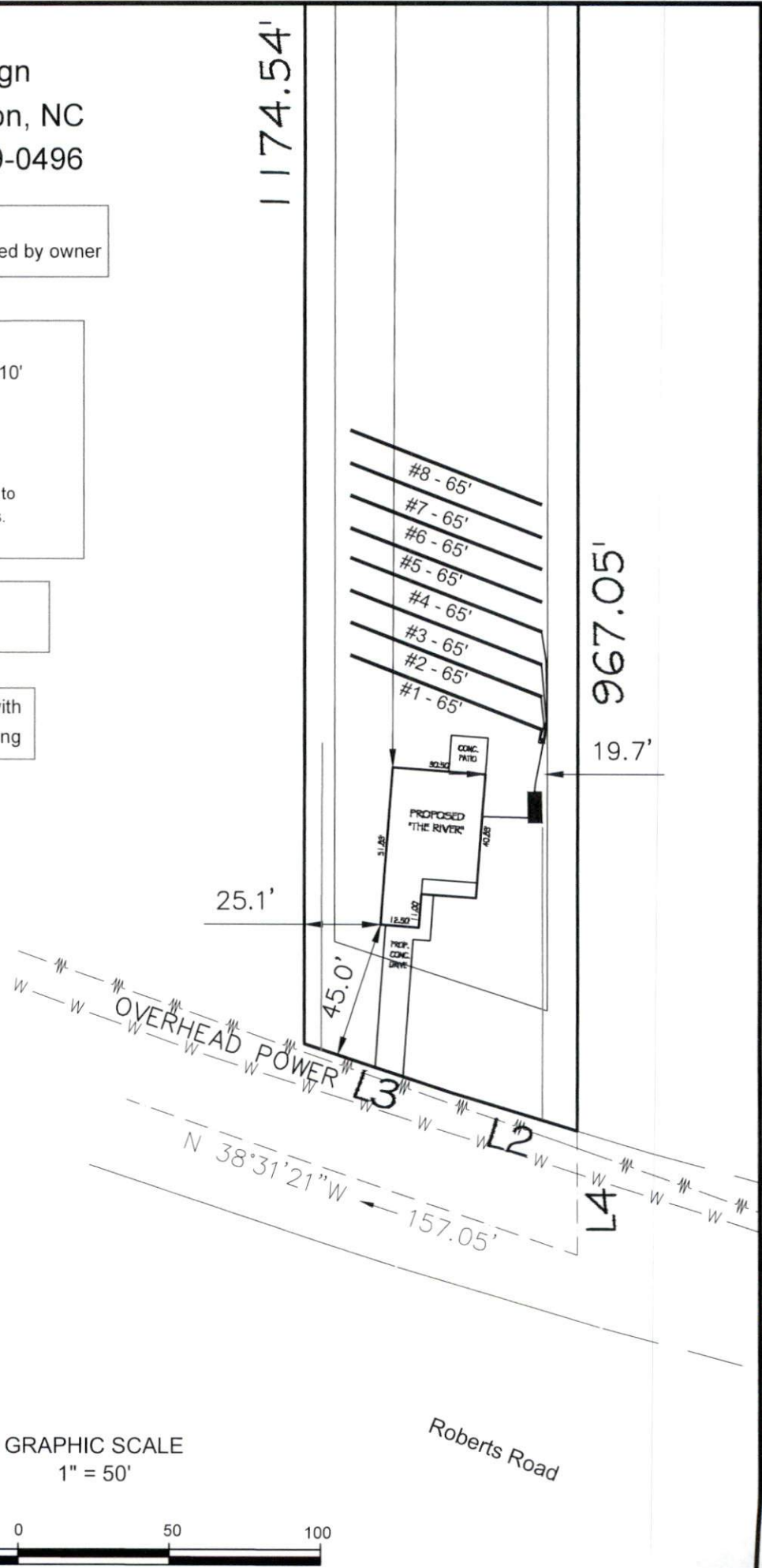
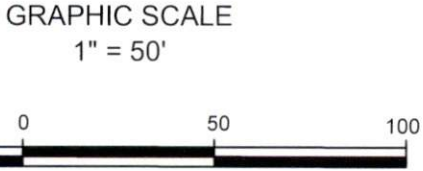
**1000 Gallon Septic and Pump Tanks
 Tank and trenches to be located minimum of 10'
 from any property line and minimum of 5'
 from any building foundation.
 *Do Not Cut, Fill, or Alter Drainfield or Repair Area
 *Comply with all setbacks
 *Contact local health dept. and/or Alex Adams prior to
 or during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

Septic Lines will need to be reflagged
 prior to installation

Pre Construction conference required with
 Septic Installer and Adams Soil Consulting

System: Gravity to D-Box
 Lines: 1-4 (260')
 0.4 LTAR
 18" Max Trench Bottom
 Accepted Status System
 Repair: Gravity to D-Box
 Lines: 5-8 (240')
 0.4 LTAR
 18" Max Trench Bottom
 Accepted Status System

Adams
 Soil Consulting
 919-414-6761
 Job #2003
 8-15-24



Roberts Road

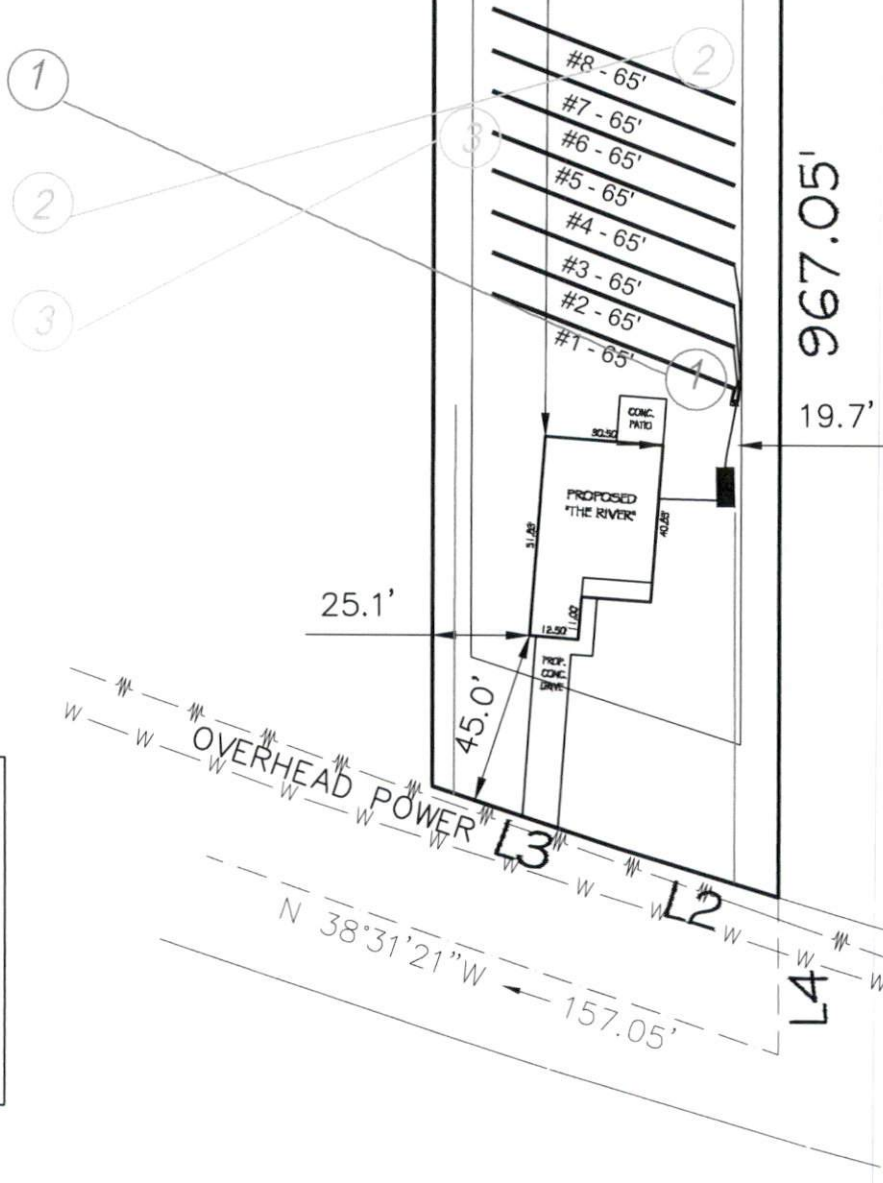
SBM Homes, LLC
3-Bedroom Septic Design
 754 Roberts Road - Lillington, NC
 Harnett County PIN: 9586-49-0496

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

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



System: Gravity to D-Box
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 919-414-6761
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GRAPHIC SCALE
 1" = 50'



Roberts Road

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

OWNER: SBM Homes, LLC

APPLICATION DATE:

ADDRESS:

DATE EVALUATED: 8-15-24

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

PROPERTY SIZE: ~2.2 Acres

LOCATION OF SITE: 754 Roberts 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/6%	0-6	GR/LS	FR/NS/NP/SEXP	32"	N/A	N/A	N/A	P.S/.4
		6-33	SBK/SCL	FI/SEXP/S/P					
2	Linear Slope/6%	0-36	GR/SL	FR/NS/NP/SEXP	27"	N/A	N/A	N/A	P.S/.6
3	Linear Slope/6%	0-20	GR/SL	FR/NS/NP/SEXP	32"	N/A	N/A	N/A	P.S/.4
		20-32	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
Site LTAR	0.4	0.4	OTHER(S) PRESENT:

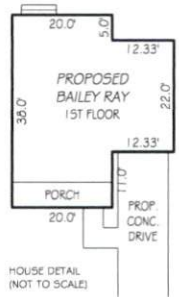
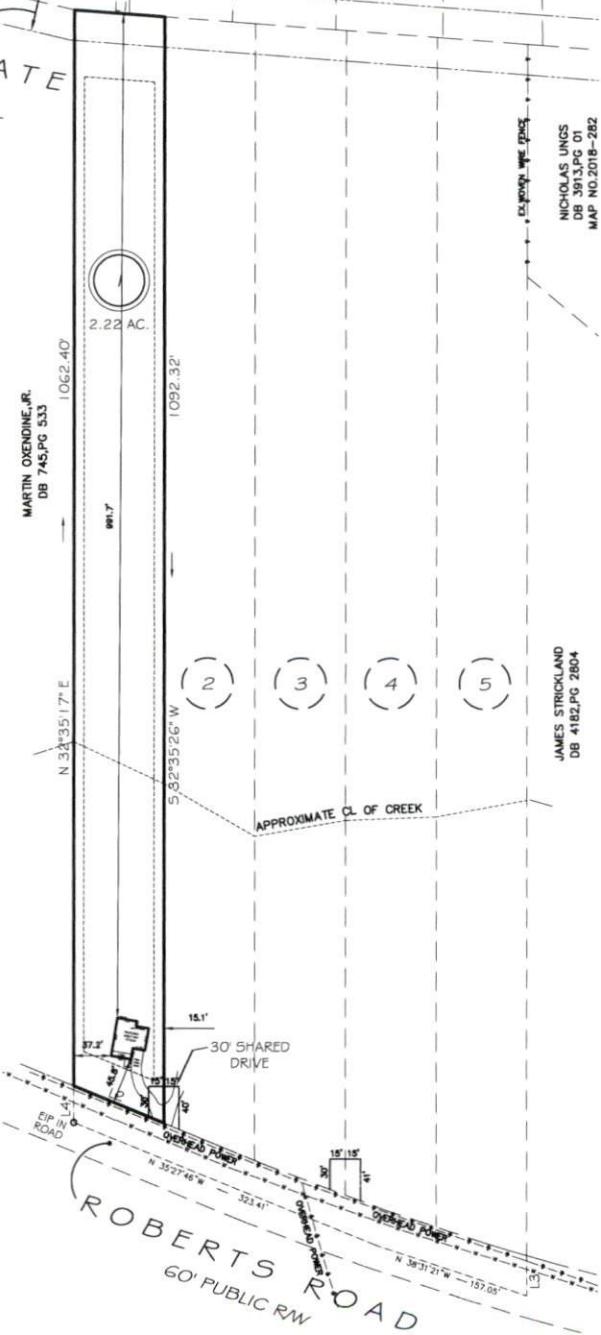
I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by coordinates is 1: 10,000+; that the area shown hereon was calculated by coordinates.
 Witness my hand and seal this day of MONTH 2024.

TIRRELL MORRILL DB 4124.PG 322 MAP NO. 2000-181A (82)
 LONGJUTA PHELPS DB 3720.PG 850 MAP NO. 2000-181A (81)
 RICHARD HEBURN DB 3628.PG 434 MAP NO. 2000-181A (80)
 JAMES JAVENS DB 3000.PG 858 MAP NO. 2000-181A (79)
 TRIANGLE REAL ESTATE INVESTMENTS & ASSOCIATES LLC DB 3180.PG 173 MAP NO. 2000-181A (78)
 MICH DB MAP

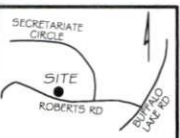
SECRETARIATE CIRCLE
 60' PRIVATE EASEMENT



BM 2024 PAGE 303
 HARRIETT CO. REGISTRY



SETBACKS
 FRONT 35'
 REAR 25'
 SIDE 10'



L1 S 53°12'33\"E 90.00'
 L2 N 35°15'54\"W 96.86'
 L3 S 32°35'48\"W 40.70'
 L4 S 32°35'17\"W 35.93'

LEGEND			
EIP	EXISTING IRON PIPE	FES	FLARED END SECTION
ISS	IRON STAKE 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

PRELIMINARY
 NOT FOR RECORDATION,
 SALES OR CONVEYANCE

REVISION: ROTATED HOUSE 8/2/24

GLS GRIFFIN LAND SURVEYING, INC.
 P.O. BOX 148
 FUQUAY-VARINA, NC 27526
 (919) 567-1963

PLOT PLAN
 FOR
SBM HOMES LLC
 ROBERT'S ROAD MINOR
 LOT 1
 ROBERTS ROAD
 SANFORD, N.C.
 HARNETT COUNTY BARBECUE TOWNSHIP

DRAWN BY GLS	DATE 7/31/24
CHECKED BY MPG	SCALE 1" = 150'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2024

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 Wade Associates, LLC 250 Pollock St. New Bern NC 28560	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
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Markel Insurance Company NAIC # 38970
INSURED Alex Adams, DBA: Adams Soil Consulting 1676 Mitchell Rd. Angier NC 27501	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 24-25

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 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			MEO1118-06	1/31/2024	1/31/2025	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**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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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