

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: 826 Roberts Road - Sanford, NC 27546								
Tax parcel identification number or subdivision lot, block number of property:								
<u>PIN#</u> 9586-39-8619 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 Type of Business and Basis for Flow:								
Public Assembly Type of Public Assembly and Basis for Flow:								
Requird_Attachments:xPlat_or_Siteplanx 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, 2029								
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

August 24. 2024

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

Project #2003

RE: 826 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





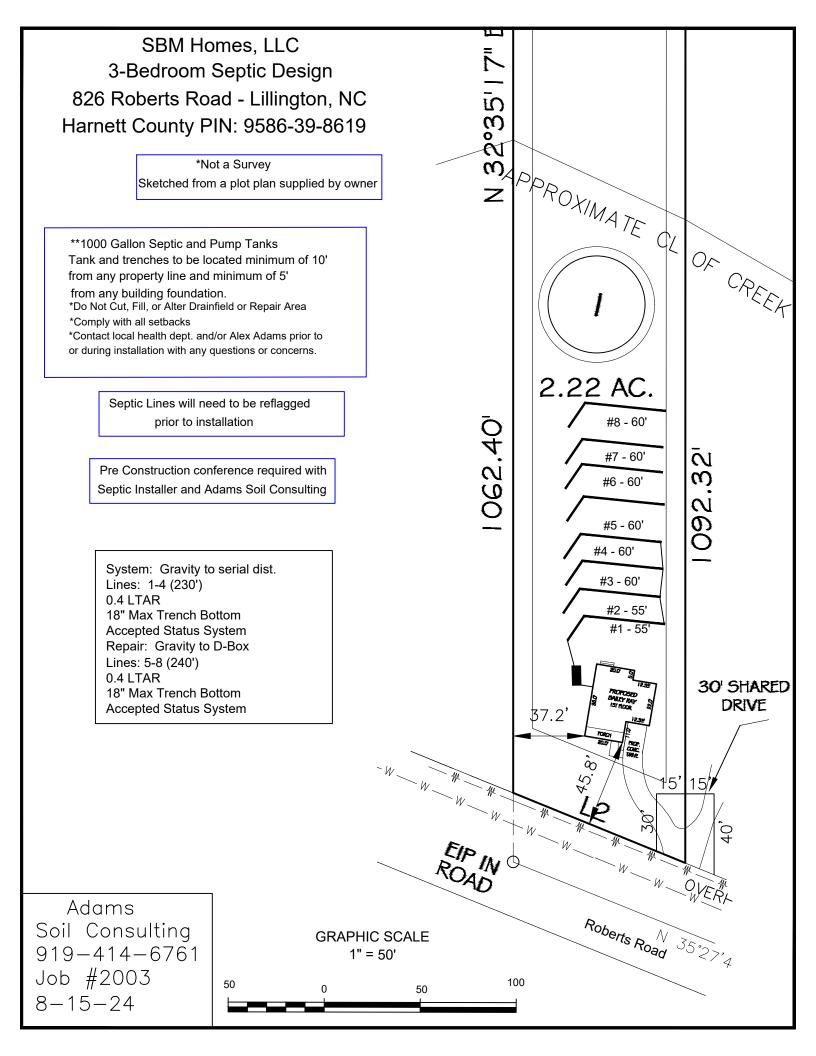


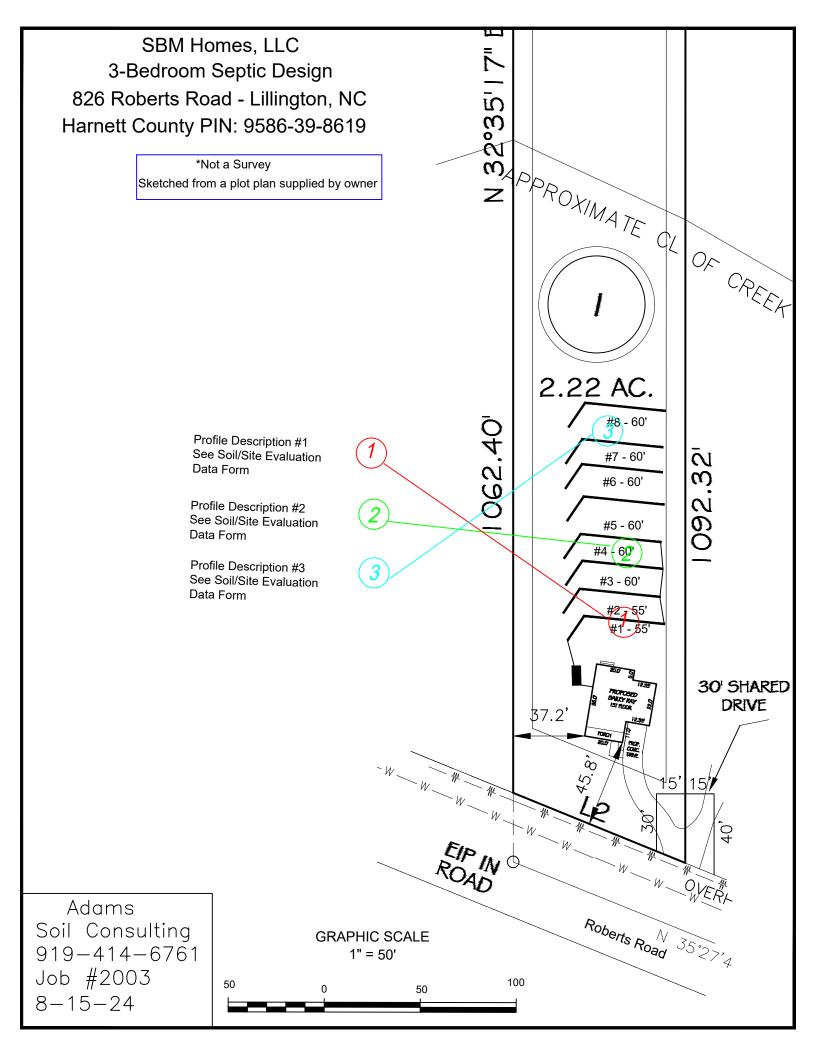
CERTIFICATE OF LIABILITY INSURANCE

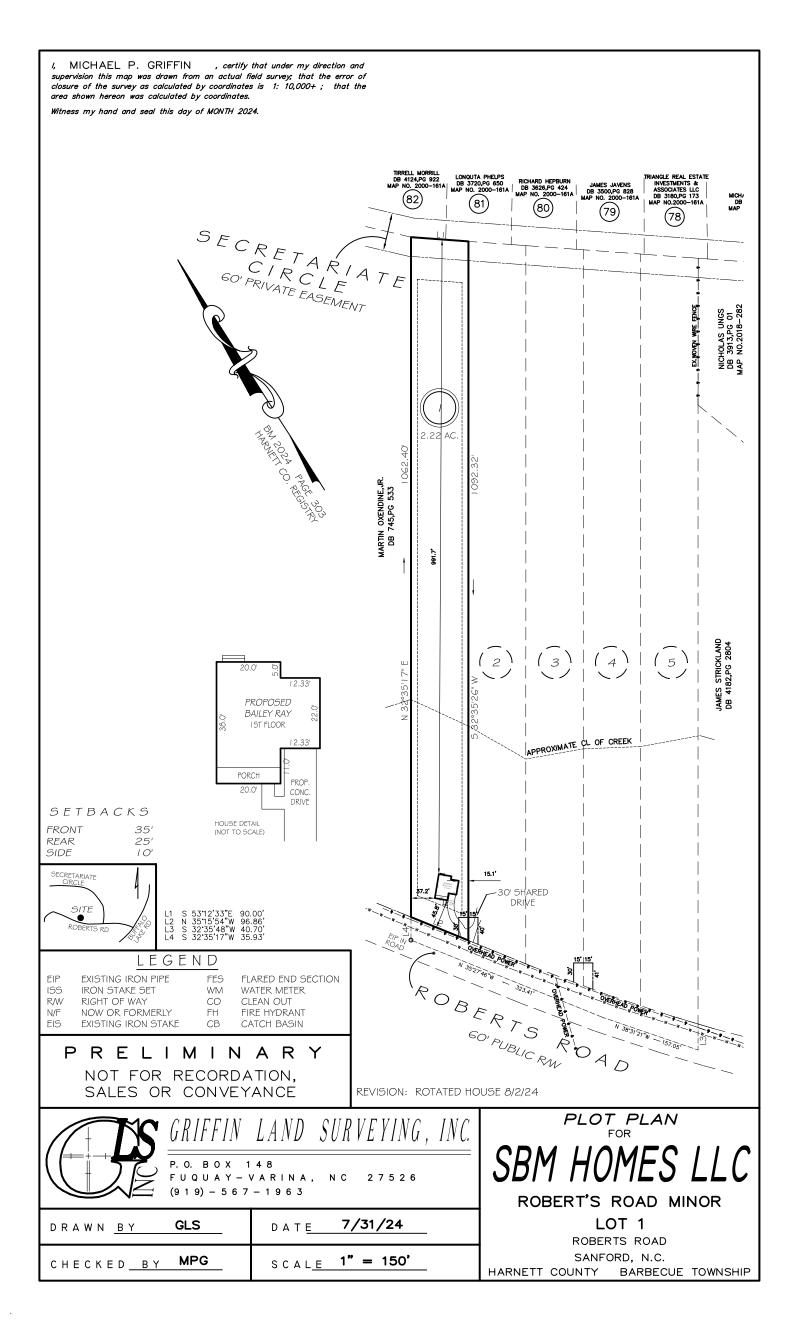
DATE (MM/DD/YYYY) 1/17/2024

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.

the terms and conditions of the policy, certificate holder in lieu of such endors	certain	policies may req								
PRODUCER		(- /-		CONTAC	CT Angela :	Sensenig				
Wade Associates, LLC					PHONE (252) 621 5260 FAX (252) 642					
250 Pollock St.				(A/C, No, Ext): (252)631-3269 (A/C, No): (252)649-2443 E-MAIL ADDRESS: asensenig@wadeict.com						
				ADDRE						NAIC #
New Bern NC 28		INSURER(S) AFFORDING COVERAGE						38970		
INSURED				INSURER A: Markel Insurance Company 38970 INSURER B:						
Alex Adams, DBA: Adams Soil Cor	sulti	ing								
1676 Mitchell Rd.		INSURER C:								
				INSURER D : INSURER E :						
Angier NC 27	501			INSURE						
		ATE NUMBER:2	4-25	INSURE	KF:		REVISION NUM	/IBFR·		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	JIREME TAIN, T POLICIE	ENT, TERM OR CON HE INSURANCE AF S. LIMITS SHOWN I	DITION OF AN FORDED BY T	Y CONT HE POL	TRACT OR OTH LICIES DESCRI LUCED BY PAID	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT	T TO WHIC	H THIS	
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							PERSONAL & ADV I	INJURY	\$	
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OTHER:	\sqcup								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
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ALL OWNED SCHEDULED AUTOS AUTOS AUTOS AUTOS							BODILY INJURY (Pe		\$	
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DED RETENTION \$	+						DED	I OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDEN		\$	
(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA E		\$	
DÉSCRIPTION OF OPERATIONS below	+						E.L. DISEASE - POLI	CY 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 / VEHICLE	S (ACOF	 RD 101, Additional Rema	arks Schedule, m	ay be atta	ached if more spac	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					
					11 2 . 1					
,	N Whitsett/RACHEL N. Lee J. W.									







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: 8-15-24 PROPERTY SIZE: ~2.2 Acres

LOCATION OF SITE: 826 Roberts Road – Lillington, NC

WATER SUPPLY: Private Well

EVALUATION METHOD: Auger Boring

TYPE OF WASTEWATER: Sewage

P R O F I .1940 LANDSCAPE		HORIZON DEPTH (IN.)	MORP	SOIL HOLOGY 1941)	PI				
# POSITION/ SLOPE %	.1941 STRUCTURE/ TEXTURE		.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPT H	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR	
	Linear Slope/6%	0-40	GR/LS	FR/NS/NP/SEXP	32"	N/A	N/A	N/A	P.S .8
	Linear Slope/6%	0-40	GR/SL	FR/NS/NP/SEXP	27"	N/A	N/A	N/A	P.S/.8
	Linear Slope/6%	0-24 24-36		FR/NS/NP/SEXP FI/SEXP/S/P	32"	N/A	N/A	N/A	P.S/.4
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	0.4	0.4	