

SFD 2408-028



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 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 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: Alex Adams
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: [Signature] Date: 9-9-24