



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: 806 Roberts Road - Sanford, NC 27546

Tax parcel identification number or subdivision lot, block number of property:

PIN# 9586-39-8673

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: _____

Require 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: Mohd RETH

Date: 8-9-24