

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 ExpansionRepair RelocationRelocation 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: 788 Roberts Road - Sanford, NC 27546 Tax parcel identification number or subdivision lot, block number of property: PIN# 9586-39-9546 County: Harnett						
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:x_Plat_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, 2024 Signature of Authorized Onsite Wastewater Evaluator:						
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:						

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: 788 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





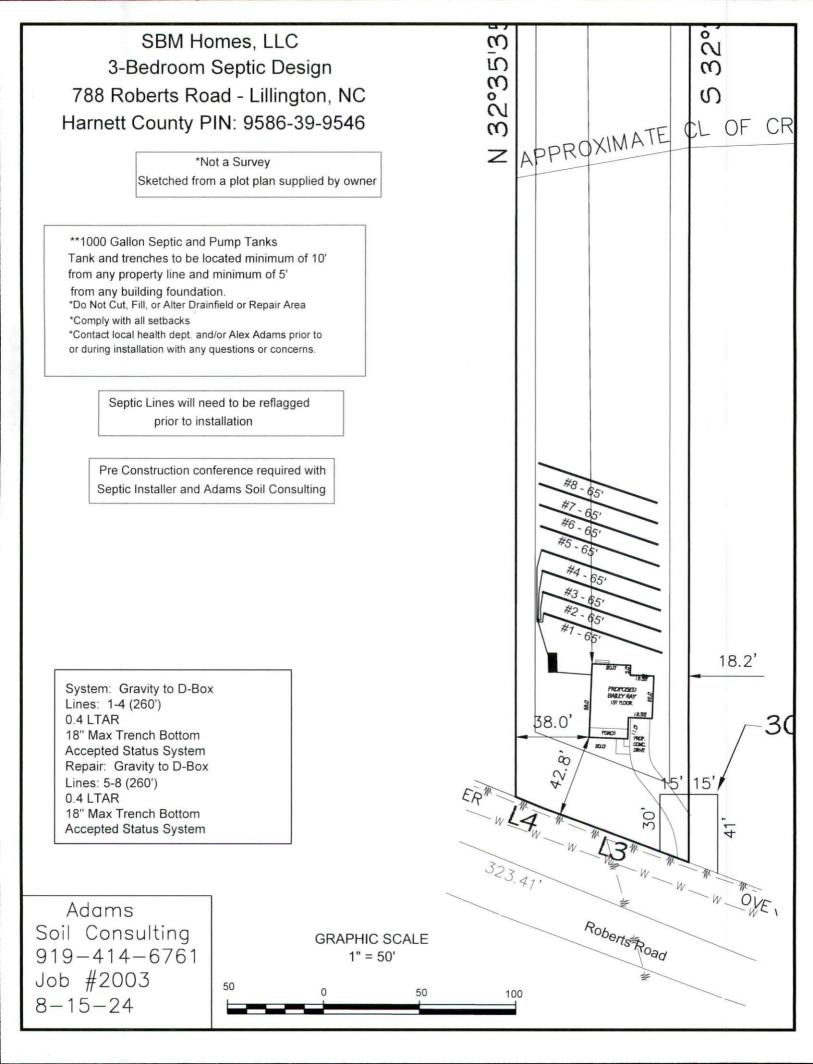


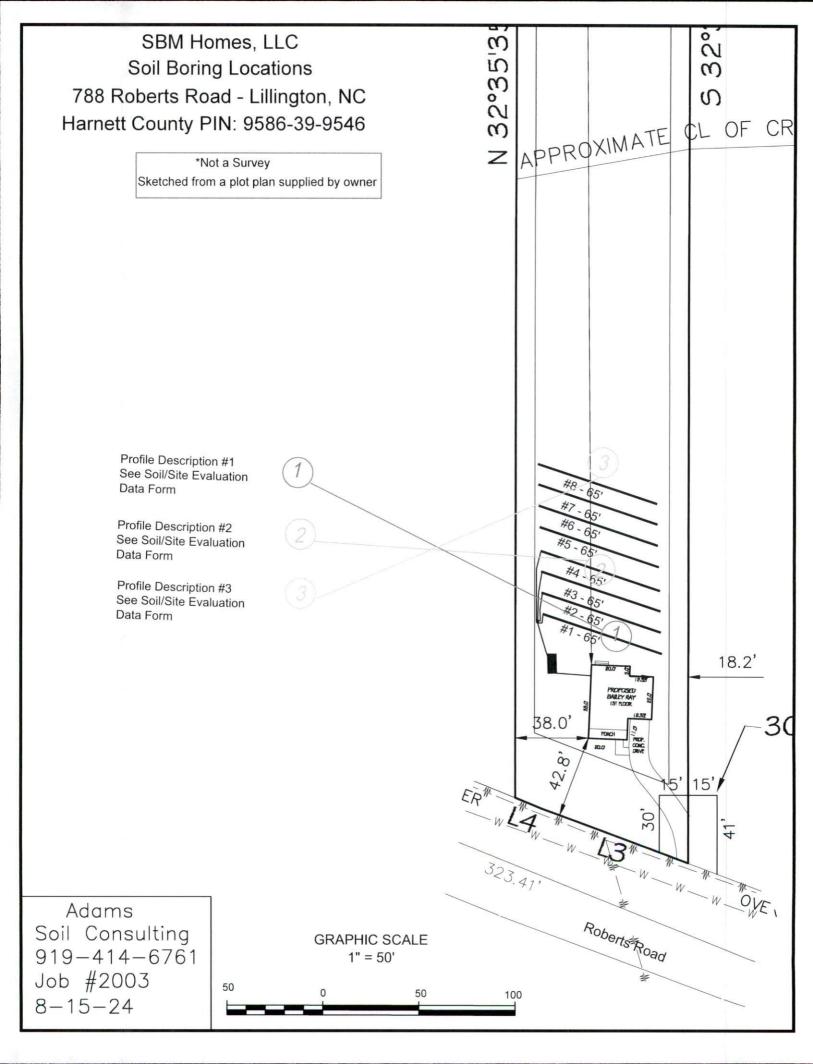
CERTIFICATE OF LIABILITY INSURANCE

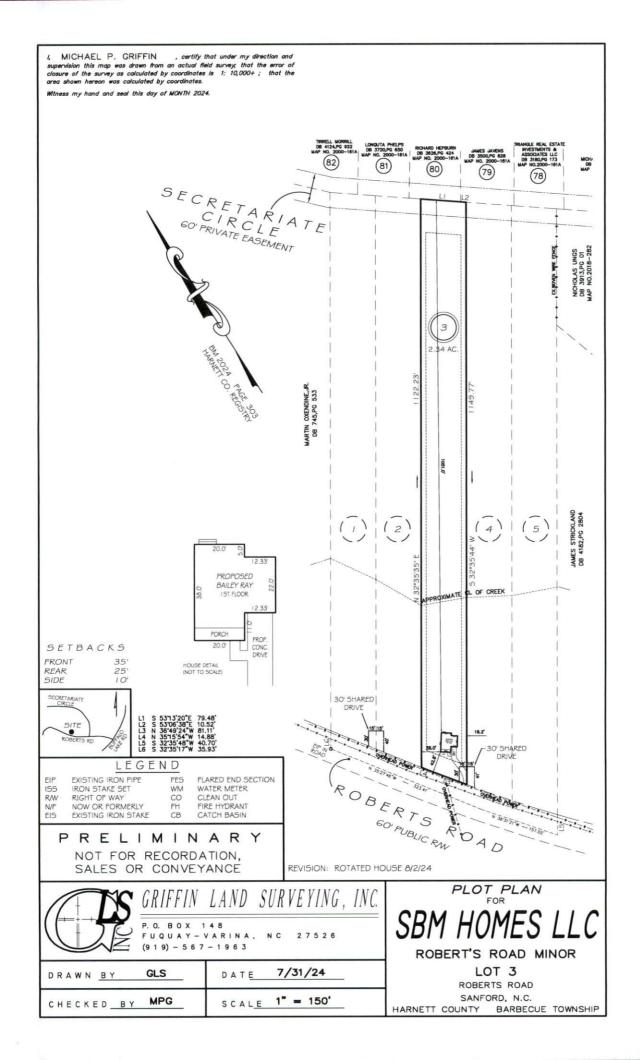
DATE (MM/DD/YYYY) 1/17/2024

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.

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									
	ertificate holder in lieu of such endorse								
PROI	DUCER			CONTAC NAME:	Angela S	Sensenig	A		
Wade Associates, LLC				PHONE (A/C, No, Ext): (252) 631-5269 FAX (A/C, No): (252) 649-2443					
250	Pollock St.			E-MAIL ADDRESS: asensenig@wadeict.com INSURER(S) AFFORDING COVERAGE NAIC					
					INSURER(S) AFFORDING COVERAGE				
New Bern NC 28560				INSURERA: Markel Insurance Company					38970
INSURED				INSURER B:					
	x Adams, DBA: Adams Soil Con	sultin	ıg	INSURE					
167	6 Mitchell Rd.			INSURE	0.000				
Ang	ier NC 275	0.1		INSURER E:					
			TE NUMBER: 24-25	INSURE	KF:		REVISION NUMBER:		
TH IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH PO	NCE LISTED BELOW HAVE BEE IT, TERM OR CONDITION OF AN E INSURANCE AFFORDED BY T . LIMITS SHOWN MAY HAVE BEE BRI	Y CONT HE POL	RACT OR OTH	SURED NAME IER DOCUMEI BED HEREIN I	D ABOVE FOR THE POLICY I NT WITH RESPECT TO WHIC S SUBJECT TO ALL THE TER	CH THIS RMS,		
INSR LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	5	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:	_					COMBINED SINGLE LIMIT	\$	-
	AUTOMOBILE LIABILITY						(Ea accident)	\$	-
	ANYAUTO ALL OWNED SCHEDULED							\$	
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS						(Per accident)	\$	
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	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Errors & Omissions		MEO1118-06		1/31/2024	1/31/2025	General Aggregate Each Occurrence		\$1,000,000 \$1,000,000
									42,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD	0 101, Additional Remarks Schedule, m	ay be atta	iched if more spac	e is required)			
CE	RTIFICATE HOLDER			CANC	ELLATION	10			
OEI	CIII IOAIE HOLDER			CANC	LLLATION				
FOR INFORMATIONAL PURPOSES ONLY XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX				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 N Pel 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: 788 Roberts Road - Lillington, NC

WATER SUPPLY: Private Well

EVALUATION METHOD: Auger Boring TYPE OF WASTEWATER: Sewage

P R O F I L	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	MORP	SOIL PHOLOGY 1941)	PF				
#			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPT H	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Slope/6%	0-40	GR/LS	FR/NS/NP/SEXP	32"	N/A	N/A	N/A	P.S .5
1		40-42	SBK/SCL	FI/SEXP/S/P					
		0.25	GR/SL	FR/NS/NP/SEXP	27"	N/A	N/A	N/A	P.S/.4
		0-25		FI/SEXP/S/P	21	N/A	N/A	N/A	P.S/.4
2		20-36	SBK/SCL						
	Linear	0-20	GR/SL	FR/NS/NP/SEXP	32"	N/A	N/A	N/A	P.S/.4
3	Slope/6%	20-36	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	0.4	0.4	