



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:
Name: Stewart-Proctor, PLLC c/o Michael Stewart, PE
Mailing address: 319 Chaponoke Rd #106 City: Raleigh State: NC Zip: 27603
Phone: 919-779-1855 Email: stewartpe@aol.com

Authorized Onsite Wastewater Evaluator Information:
Name: Jeff Vaughan Certification #: 10003E
Mailing address: 501 N Salem St, Ste 203 City: Apex State: NC Zip: 27502
Phone: 919-859-0669 Email: jvaughan@agriwaste.com

Site Location Information:
Site address: Rawls Church Rd, Fuquay Varina, NC 27526
Tax parcel identification number or subdivision lot, block number of property: 0655-50-7726
County: Harnett

System Information:
Wastewater System Type: IIIb
Daily Design Flow: 1,250
Saprolite System: Yes No Subsurface Operator Required: Yes No
Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 Residential # Bedrooms _____ Maximum # of Occupants _____
 Business Type of Business and Basis for Flow: Dealership - 50 employees
 Public Assembly Type of Public Assembly and Basis for Flow: _____



Required Attachments:
 Plat or Site Plan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 29 day of NOV, 2023 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 29 day of NOV, 2028.
Signature of Authorized Onsite Wastewater Evaluator: [Signature]
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: 12.21-23