



**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: Jim Moore
 Mailing address: 461 Cedar Rock Trl City: Fuquay-Varina State: NC Zip: 27526
 Phone: 910-922-7010 Email: jim@pineygrovestorage.com

Authorized Onsite Wastewater Evaluator Information:
 Name: Hal Owen Certification #: 10036E
 Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546
 Phone: 910-893-8743 Email: hal@halowensoil.com

Site Location Information:
 Site address: 11132 US 401 N, Fuquay-Varina, NC
 Tax parcel identification number or subdivision lot, block number of property: _____
 PIN 0655-53-1330.000 County: Harnett

System Information:
 Wastewater System Type: IIIbg
 Daily Design Flow: 300
 Saproлите 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: Storage Facility 25 employee X 12gal/empl
 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 11 day of March, 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 11 day of March, 2029
 Signature of Authorized Onsite Wastewater Evaluator: *Hal Owen*
 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: *REHS* Date: 4-29-24