



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: Ashley Reid

Name: Ashley Reid

Mailing address: 18 Twin Oak Drive City: Angie State: NC Zip: 27501

Phone: 919-812-4678

Email: aburtonreid55@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@bcsol.com

Site Location Information: 18 Twin Oak Drive - Angier, NC 27501

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Tax parcel identification number or subdivision lot, block number of property: PIN# 0663-72-1749

County: Harnett

System Information: Accepted Status

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 4th day of September, 2025 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 4th day of September 2030.

Signature of Authorized Onsite Wastewater Evaluator: Alex Adams

Signature of Owner or Legal Representative: ABR

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: 9-25-25