



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: Sarhi Duarte  
Mailing address: 3592 Hillmon Grove Road City: Cameron State: NC Zip: 28326  
Phone: 7867520821 Email: snegra1982@gmail.com

Authorized Onsite Wastewater Evaluator Information:  
Name: Thomas Boyce, LSS, AOWE Certification #: 10006E  
Mailing address: PO Box 865 City: West End State: NC Zip: 27376  
Phone: (910)295-1899 Email: info@owpnc.com

Site Location Information:  
Site address: 3592 Hillmon Grove Road Cameron, NC 28326  
Tax parcel identification number or subdivision lot, block number of property: 099564 0095 01  
County: Harnett

System Information:  
Wastewater System Type: Single Family Home  
Daily Design Flow: 480  
Saprolite System:  Yes  No Subsurface Operator Required:  Yes  No  
Water Supply Type:  Private Well  Public Water Supply  Spring  Other: \_\_\_\_\_

Facility Type:  
 Residential 4 # Bedrooms 8 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 Site Plan  
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 6 day of June, 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 6 day of June, 2029.  
Signature of Authorized Onsite Wastewater Evaluator: Thomas J Boyce  
Signature of Owner or Legal Representative: Sarhi Duarte

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: Mark D. REHS Date: 8-6-24