



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: Horizon Building Solutions c/o Brad Horton
Mailing address: 1920 Bryson Court City: Fuquay Varina State: NC Zip: 27526
Phone: 919-868-2493 Email: hortoncustoms@yahoo.com

Authorized Onsite Wastewater Evaluator Information:

Name: Heath Clapp Certification #: #10057E
Mailing address: 501 N. Salem Street City: Apex State: NC Zip: 27502
Phone: 919-629-6404 Email: hclapp@agriwaste.com

Site Location Information:

Site address: 2442 Harnett Central Road, Angier, NC 27501
Tax parcel identification number or subdivision lot, block number of property: 0662-32-0244
County: Harnett

System Information:

Wastewater System Type: IIIb
Daily Design Flow: 360 gallons
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 Site Plan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 3rd day of Sept, 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 3rd day of Sept, 2029.

Signature of Authorized Onsite Wastewater Evaluator: Heath Clapp

Signature of Owner or Legal Representative: [Signature]



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: 9-9-24