

Bres 2409-0036



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: Paul Lyon
Mailing address: 885 Loop Rd City: Bunnlevel State: NC Zip: 28323
Phone: 910-651-6689 Email: lyonp70@gmail.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: 885 Loop Rd, Bunnlevel, NC 28323
Tax parcel identification number or subdivision lot, block number of property: _____
Lot 2, PIN 0547-19-2812.000 County: Harnett

System Information:
Wastewater System Type: Ilb (Accepted wastewater gravity system)
Daily Design Flow: 480 gpd
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 9 day of October, 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 9 day of October, 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: [Signature] Date: 10-21-24