



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 Road. City: Bunnlevel State: NC Zip: 28323
 Phone: 910-651-6689 Email: Lyonp70@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: 885 Loop Road Bunnlevel, North Carolina 28323
 Tax parcel identification number or subdivision lot, block number of property: 12054802001670
 County: Harnett

System Information:
 Wastewater System Type: III(g)- Accepted
 Daily Design Flow: 480GPD
 Sapolite 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 3 day of Septembe, 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 3 day of Septembe, 2029.
 Signature of Authorized Onsite Wastewater Evaluator: Thomas J Boyce
 Signature of Owner or Legal Representative: lyonp70@gmail.com

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: 9-18-24