



**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: Johnny Faircloth

Mailing address: 5272 COOL SPRINGS ROAD City: BROADWAY State: NC Zip: 27505

Phone: 919-499-8211 Email: jrfaircloth1968@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: 16 Red Bird Drive Cameron, North Carolina 28326

Tax parcel identification number or subdivision lot, block number of property: 099575 0160 21

County: Harnett

**System Information:**

Wastewater System Type: III(g) - Accepted

Daily Design Flow: 360

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 09 day of June, 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 09 day of June, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce

Signature of Owner or Legal Representative: Johnny Faircloth

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: Mph [Signature] DEHS Date: 6-16-25