



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: Jessie Long
Mailing address: 432 Farrington Lane City: Cameron State: NC Zip: 28326
Phone: 910-729-2096 Email: robin_long1230@yahoo.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: 432 Farrington Lane Cameron, North Carolina 28326
Tax parcel identification number or subdivision lot, block number of property: Part of 099564 0064 06
County Harnett

System Information:

Wastewater System Type: III(b)(g)- At-Grade Accepted
Daily Design Flow: 600
Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No
Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ Residential 5 # Bedrooms 10 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 02 day of April, 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 02 day of April, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyce

Signature of Owner or Legal Representative: J.L.

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: REHS Date: 4-4-25