

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 ExpansionRepair _X _Relocation XRelocation of Repair Area
Owner or Legal Representative Information: William G Selvia Name: William Greg Selvia Mailing address: 2347 Neill's Creek Road City: Lillington State: NC Zip: 27546 Phone: 910-814-7345 Email: wg.selvia@yahoo.com
Authorized Onsite Wastewater Evaluator Information: Name: Alex Adams Certification #: AOWE# 10021E Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501 Phone: 919-414-6761 Email: alexadams@bcsoil.com
Site Location Information: 2345 Neill's Creek Raod- Lillington, NC 27546 Site address: 2345 Neill's Creek Raod- Lillington NC 27546 Tax parcel identification number or subdivision lot, block number of property: PIN# 0661-65-3550 County: Harnett
System Information: Accepted Status Wastewater System Type: Type III (b) Daily Design Flow: 240 gallons/day Saprolite System: Yes X_No Subsurface Operator Required: Yes X_No Water Supply Type: Private Well X Public Water Supply Spring Other:
Facility Type: X_Residential 2 # Bedrooms 4 Maximum # of Occupants Business
Requird_Attachments:x_Plat_or_Siteplanx_ Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 6th day of November, 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 6th day of November 2030. Signature of Authorized Onsite Wastewater Evaluator:
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: