



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: John St. Peter  
 Mailing address: PO Box 246 City: Spring Lake State: NC Zip: 27546  
 Phone: 910-257-4590 Email: stpeterjohn16@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: 1242 Cool Springs Rd Lillington, NC 27546  
 Tax parcel identification number or subdivision lot, block number of property: 0611-85-8629  
 County: Harnett

System Information:  
 Wastewater System Type: IIIbg - Pump to Other non-conventional system  
 Daily Design Flow: 480gpd  
 Saporlite 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 14th day of May, 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 14 day of May, 2029  
 Signature of Authorized Onsite Wastewater Evaluator: Hal Owen  
 Signature of Owner or Legal Representative: John St Peter

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: Mah Date: 5-23-24