

SFD 2108-0100



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: Ashley Becker
Mailing address: 817 Cokesbury Park Ln City: Fuquay Varina State: NC Zip: 27526
Phone: 919-818-6735 Email: abecker8818@gmail.com

Authorized Onsite Wastewater Evaluator Information:
Name: Jeff Vaughan Certification #: 10003E
Mailing address: 501 N Salem St, Ste 203 City: Apex State: NC Zip: 27502
Phone: 919-859-0669 Email: jvaughan@agriwaste.com

Site Location Information:
Site address: 145 Stonemason Dr, Holly Springs, NC 27540
Tax parcel identification number or subdivision lot, block number of property: 0626-80-0039
County: Harnett

System Information:
Wastewater System Type: IIIb
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 1 day of DEC, 2023 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 1 day of DEC, 2028.
Signature of Authorized Onsite Wastewater Evaluator: [Signature]
Signature of Owner or Legal Representative: _____

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: 12-12-23