

## North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct

x_NewExpansionRepairRelocationRelocation of Repair Area
Owner or Legal Representative Information: Cameron Addams  Name: Carroll Construction Homes, Inc  Mailing address: 63 Vernon Ct. City: Willow Spring State: NC Zip: 27592  Phone: 919-868-7700 Email: cameron.adams1087@gmail.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: Haven - Lot 27 Site address: 476 Placid Pond Drive-Broadway, NC 27505 Tax parcel identification number or subdivision lot, block number of property: PIN# 9598-40-1027 County: Harnett
System Information: Accepted Status  Wastewater System Type: Type III (b)  Daily Design Flow: 360 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_Residential3 # Bedrooms6Maximum # of Occupants Business
Requird_Attachments: x_Plat_or_Siteplanx_ Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 8 th day of May, 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 8th day of May 2030.  Signature of Authorized Onsite Wastewater Evaluator:
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: