



**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: Steve Thomas  
 Mailing address: PO Box 825 City: Broadway State: NC Zip: 27505  
 Phone: 919-906-4069 Email: southernconcrete@windstream.net

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: 4746 McNeill Hobbs Rd  
 Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_  
Lot 1, 0566-49-0426.000 County: Harnett

System Information:  
 Wastewater System Type: lllbg  
 Daily Design Flow: 360 gpd  
 Saprilit 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 27 day of November 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 31 day of December, 2023.  
 Signature of Authorized Onsite Wastewater Evaluator: Hal Owen  
 Signature of Owner or Legal Representative: Steve Thomas

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: \_\_\_\_\_ Date: \_\_\_\_\_