

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: STS Construction, LLC Name: Josh Jones Mailing address: 2661 NC 55 W City: Coats State: NC Zip: 27521 Phone: 919-605-8003 Email: josh@stsconstruction.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: Site address: 1486 NC 55 W - Coats, NC 27521 Tax parcel identification number or subdivision lot, block number of property: PIN# 0691-53-5277 County: Harnett
System Information: Wastewater System Type: Type III (b) Daily Design Flow: 360 gallons/day Saprolite System:YesX_No Subsurface Operator Required:YesX_No Water Supply Type:Private Wellx_Public Water Supply SpringOther:
Facility Type: X_Residential3_# Bedrooms6_ Maximum # of Occupants Business
Requird_Attachments: x_Plat_or_Siteplanx_Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 15th day of December, 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 15th day of December, 2028. 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: Date: 1-2-24