

SFD 2312-0314



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: Lamco Homes
Mailing address: 7424 Chapel Hill Rd Suite 203 City: Raleigh, State: NC Zip: 27607
Phone: 9199359282 Email: tony@lamcohomes.com

Authorized Onsite Wastewater Evaluator Information:

Name: Thomas Boyce, LSS, AOWE Certification #: 10006E
Mailing address: PO Box 865 City: West End State: NC Zip: 27376
Phone: (910)295-1899 Email: info@owpnc.com

Site Location Information:

Site address: 84 Gates Way (lot 18 Fair Ridge Farm) Sanford, NC 27332
Tax parcel identification number or subdivision lot, block number of property: 9588-56-0538
County: Harnett

System Information:

Wastewater System Type: III(g)- Accepted
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 26 day of March, 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 26 day of March, 2029.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J Boyce
Signature of Owner or Legal Representative: Tony Toro

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: 3-27-24