

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: Mattamy Homes, LLC Mailing address: 11000 Regency Parkway, Suite 110City: Cary State: NC Zip: 27518	
Phone: 919-625-9546 Email: drew.brody@mattamycorp.com	
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: 246 Denali Dr., Angier, NC	
Tax parcel identification number or subdivision lot, block number of property: Lot 29 Ph 1 Riverfall SD PIN 0682-18-9921.000 County: Harnett	_
System Information: Wastewater System Type: Illbg (Pump to Accepted Status 25% reduction) Daily Design Flow: 360 gpd Saprolite System: Yes V No Subsurface Operator Required: Yes V No Water Supply Type: Private Well Public Water Supply Spring Other:	
Facility Type: VResidential 3 # Bedrooms 6 Maximum # of Occupants Project of Project o	
Business Type of Business and Basis for Flow: Public Assembly Type of Public Assembly and Basis for Flow:	
Required Attachments: V Plat or Site Plan Evaluation of Soil and Site Features by Licensed Soil Scientist	
Attest: On this the 12 day of January 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 12 day of January , 2025	
Signature of Owner or Legal Representative: Drew Brody	
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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: 1-22-24	