

SFD 2402-0067



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: David O'Connell
Mailing address: 307 Ponderosa Trl City: Cameron State: NC Zip: 28326
Phone: 843-455-5500 Email: mroceanfront@yahoo.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: 307 Ponderosa Trail Lot K4 Cameron, North Carolina 28326
Tax parcel identification number or subdivision lot, block number of property: 099567 0004 12
County: Harnett

System Information:
Wastewater System Type: III(b)(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 1 day of July, 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 1 day of July, 2029.
Signature of Authorized Onsite Wastewater Evaluator: Thomas J Boyce
Signature of Owner or Legal Representative: David O'Connell

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: 7-31-24