

## 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 110 <sub>City</sub> : Cary State: NC Zip: 27518  Phone: 919-625-9546 Email: drew.brody@mattamycorp.com	
Authorized Onsite Wastewater Evaluator Information:  Name: Hal Owen  Mailing address: PO Box 400  City: Lillington  State: NC Zip: 27546  Phone: 910-893-8743  Email: hal@halowensoil.com	
Site Location Information:  Site address: 46 Barrow Ct, Angier, NC  Tax parcel identification number or subdivision lot, block number of property:  Lot 3 Ph1, Riverfall SD PIN 0682-29-6960.000  County: Harnett	
System Information:  Wastewater System Type: Illbg (Pump to Accepted Status 25% reduction)  Daily Design Flow: 480 gpd  Saprolite System: Yes V No Subsurface Operator Required: Yes V No  Water Supply Type: Private Well Public Water Supply Spring Other:	
Facility Type:	
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 Authorized Onsite Wastewater Evaluator:  Drew Brody	
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: 5 - 4 - 7 W	