



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: Family Building Company  
Mailing address: 1016 Mockingbird Dr City: Raleigh State: NC Zip: 27615  
Phone: \_\_\_\_\_ Email: matt@familybuildingco.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: 31 Bourbon St, Fuquay Varina, NC  
Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_  
Captains Landing, BLK 4 Lot 59 PIN 0613-74-7498 County: Harnett

System Information:  
Wastewater System Type: IIIbg (Pump to Accepted Status 25% reduction)  
Daily Design Flow: 360 gpd  
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 13 day of May, 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 13 day of May, 2029.  
Signature of Authorized Onsite Wastewater Evaluator: Hal Owen  
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: [Signature] Date: 6-20-24