



North Carolina Onsite Wastewater Contractor Inspector Certification Board Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems Notice of Intent (NOI) to Construct

x_NewExpansionRepairRelocationRelocation of Repair Area
Owner or Legal Representative Information: Rich Sherman Name: New Home Inc, Mailing address: 1611 Jones Franklin Rd. Suite 101 City: Raleigh State: NC Zip: 27606 Phone: 919-422-2838 Email: rich.sherman@newhomeinc.com
Authorized Onsite Wastewater Evaluator Information: Name: Alex Adams Certification #: AOWE# 10021E Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501 Phone: 919-414-6761 Email: alexadams@bcsoil.com
Site Location Information: Site address: 123 Beacon Hill Rd Lillington, NC 27546 Tax parcel identification number or subdivision lot, block number of property: PIN# 0630-24-5711 County: Harnett
System Information: Accepted Status Wastewater System Type: Type III (b) Daily Design Flow: 480 gallons/day Saprolite System:YesXNo
Facility Type: X_Residential4 # Bedrooms8 _ Maximum # of Occupants Business
Requird_Attachments:xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 28th 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 28th day of March 2029. Signature of Authorized Onsite Wastewater Evaluator:
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: Date: 4-//-24