



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 City: 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: 18 Bering Cir, Angier, NC

Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_

Lot 14 Ph 1, Riverfall SD PIN 0682-29-2227.000 County: Harnett

System Information:

Wastewater System Type: llb

Daily Design Flow: 480 gpd

Saprolite System:  Yes  No Subsurface Operator Required:  Yes  No

Water Supply Type:  Private Well  Public Water Supply  Spring  Other: \_\_\_\_\_

Facility Type:

Residential 4 # Bedrooms 8 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 22 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 22 day of January, 2025.

Signature of Authorized Onsite Wastewater Evaluator: Hal Owen

Signature of Owner or Legal Representative: 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: RW [Signature] REHS Date: 5-1-24