



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: Steve Thomas

Mailing address: PO Box 825 City: Broadway State: NC Zip: 27505

Phone: 919-906-4069 Email: southernconcrete@windstream.net

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: 4722 McNeill Hobbs Rd

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

Lot 2, 0566-49-1418.000 County: Harnett

System Information:

Wastewater System Type: lllbg

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 6 day of June, 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 6 day of June, 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: Mark Roberts Date: 6-18-24