



## 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 New Expansion Repair Relocation Relocation Repair Area
Owner or Legal Representative Information:  Name: D.R. Horton Inc.  Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State: NC Zip: 27560  Phone: 919.760.9668 Email: mrlee@drhorton.com
Authorized Onsite Wastewater Evaluator Information:  Name: Thomas Boyce, LSS, AOWE  Mailing address: PO Box 865  Phone: (910)295-1899  Email: info@owpnc.com  Certification #: 10006E  City: West End State: NC Zip: 27376  Email: info@owpnc.com
Site Location Information: Site address: Lot 46- Masons Ridge -TBD Nursery Rd Spring Lake , NC 28390  Tax parcel identification number or subdivision lot, block number of property: Part of 0505-15-3556  County: Harnett
System Information:  Wastewater System Type:   III(g)-Accepted   Daily Design Flow:   480   Saprolite System:   Yes X No Subsurface Operator Required:   Yes X No Water Supply Type:   Private Well X Public Water Supply Spring Other:
Facility Type:  X Residential 4 # Bedrooms Max 8 Maximum # of Occupants  Business Type of Business and Basis for Flow:  Public Assembly Type of Public Assembly and Basis for Flow:
Required Attachments:  X Plat or Site Plan  X Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 20 day of September, 2023 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 20 day of September, 2028
Signature of Authorized Onsite Wastewater Evaluator:  Signature of Owner or Legal Representative:  Robert C. Stuart
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: