



**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: Michael and Laurie Smith  
 Mailing address: 784 Gentry Rd City: Erwin State: NC Zip: 28339  
 Phone: 910-818-4122 Email: mlsplumbing@hotmail.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: 784 Gentry Rd, Erwin, NC 28339  
 Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_  
 PIN 0587-62-2735.000, Genesis Farms SD, Lot 8 County: Harnett

System Information:  
 Wastewater System Type: Illbg (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 8 day of July, 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 8 day of July, 2029.  
 Signature of Authorized Onsite Wastewater Evaluator: Hal Owen  
 Signature of Owner or Legal Representative: Laurie Smith

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: \_\_\_\_\_