Sfd 7408-0094



## 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 of Repair Area                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Owner or Legal Representative Information:  Name: D.R. Horton Inc.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State: N Zip: 2756  Phone: 919.760.9668 Email: mrlee@drhorton.com                                                                                                                                                                                                                                                                                                                                                     |
| Authorized Onsite Wastewater Evaluator Information:  Name: Thomas Boyce, LSS, AOWE  Mailing address: PO Box 865  City: West End  State: N Zip: 2737  Phone: (910)295-1899  Email: info@owpnc.com                                                                                                                                                                                                                                                                                                |
| Site Location Information: Site address: Lot 41- 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Attest: On this the 11 day of October, 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 11 day of October, 2028                                                                                       |
| Signature of Authorized Onsite Wastewater Evaluator: From J Bagu                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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:  Date: 8-22-24 |