



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

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 Certification #: 10006E
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 15- Masons Ridge -TBD Nursery Rd Spring Lake , NC 28390 163 Fairchild Rd
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 Plat or Site Plan
X Evaluation of Soil and Site Features by Licensed Soil Scientist

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: Thomas J Boyce
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: [Signature] Date: 12-2-24