



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: D.R. Horton Inc.
Mailing address: 2000 Aerial Center Parkway, Suite 110A City: Morrisville State: N Zip: 27560
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: 27376
Phone: (910)295-1899 Email: info@owpnc.com

Site Location Information:
Site address: Lot 9 - 172- Fair Child Road, Spring Lake, NC 28390
Tax parcel identification number or subdivision lot, block number of property: 010517 0033 09
County: Harnett

System Information:
Wastewater System Type: III(g) - Accepted
Daily Design Flow: 480
Saprolite System: Yes No Subsurface Operator Required: Yes No
Water Supply Type: Private Well Public Water Supply Spring Other: _____

Facility Type:
 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:
 Plat or Site Plan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 8 day of April, 2025 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 April, 2030.
Signature of Authorized Onsite Wastewater Evaluator: Thomas J Boyce
Signature of Owner or Legal Representative: Jonathan Kiger

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] REH Date: 5-6-25