

SFD 2501-0098



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: Patrica Stewart
 Name: Patricia Stewart
 Mailing address: 608 Brisbane Ct City: Fayetteville State: NC Zip: 28314
 Phone: 910-403-1973 Email: samantha@ericksonhomesnc.com

Authorized Onsite Wastewater Evaluator Information:
 Name: Alex Adams Certification #: AOWE# 10021E
 Mailing address: 1676 Mitchell Road City: Angier State: NC Zip: 27501
 Phone: 919-414-6761 Email: alexadams@bcsoil.com

Site Location Information:
 Site address: 289 Bret Rd. Cameron, NC 28326
 Tax parcel identification number or subdivision lot, block number of property: PIN# 9567-41-0416
 County: Harnett

System Information: Accepted Status
 Wastewater System Type: Type III (g)
 Daily Design Flow: 360 gallons/day
 Saproliite 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: _____

Require Attachments:
 Plat or Siteplan
 Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 27th Day of January 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 2th day of January 2030.
 Signature of Authorized Onsite Wastewater Evaluator: Alex Adams
 Signature of Owner or Legal Representative: Andrew James Erickson

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: M. D. REHS Date: 1-29-25