

The seal of the State of North Carolina, featuring a circular design with the text "THE GREAT SEAL OF THE STATE OF NORTH CAROLINA" around the perimeter. Inside the circle, there is a figure of a Native American holding a bow and arrow, with a plow and sheaves of wheat in the background. The date "MAY 20 1776" is at the top and "1776" is at the bottom.

X	New	Expansion	Repair	Relocation	Relocation of Repair Area
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Name: Lamco Homes

Mailing address: 7424 Chapel Hill Rd Suite 203 City: Raleigh, State: NC Zip: 27607  
Phone: 9199359282 Email: tony@lamcohomes.com

Name: Thomas Boyce, LSS, AOWE Certification #: 10006E

Mailing address: PO Box 865 City: West End State: NC Zip: 27376  
Phone: (910)295-1899 Email: info@owpnc.com

Site address: Lot 21- 121 Gates Way, Sanford, NC 27332

Tax parcel identification number or subdivision lot, block number of property: 039588 0006 21  
County: Harnett

Wastewater System Type: III(g)- At-Grade Accepted

Saprolite System: Yes ☒ No Subsurface Operator Required: Yes ☒ No  
 Water Supply Type: Private Well ☒ Public Water Supply ☐ Spring ☐ Other: ☐

X 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:



X Plat or Site Plan

X Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 17 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 17 day of April, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Thomas J. Boyle

Signature of Owner or Legal Representative: Tony Toro

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.

Signature of Local Health Department Representative:

Date: 4-29-25