



## 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_NewExpansionRepair RelocationRelocation of Repair Area
Owner or Legal Representative Information: James Rumley Name: Caruso Homes Mailing address: 110 Horizon Drive - Suite 320 City: Raleigh State: NC Zip: 27615 Phone: 240-886-3229 Email: jrumley@carusohomes.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: Lot #18 (Magnolia Acres) 45 Little Gem Ln - Fuquay-Varina NC 27501 Tax parcel identification number or subdivision lot, block number of property: PIN# 0623-92-9825 County: Harnett
System Information: Accepted Status  Wastewater System Type: Type III (b)  Daily Design Flow: 480 gallons/day  Saprolite System:YesXNo Subsurface Operator Required:YesXNo  Water Supply Type:Private WellX_Public Water Supply SpringOther:
Facility Type: X_Residential4 # Bedrooms8 _ Maximum # of Occupants Business
Requird_Attachments:xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 10th day of April 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 10 day of April 2030.  Signature of Authorized Onsite Wastewater Evaluator:
Signature of Owner or Legal Representative:
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: 4-24-75