



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: Onsite Homes

Mailing address: 2931 Breezewood Ave Suite 202 City: Fayetteville State: NC Zip: 28303

Phone: 910 745 0001 Email: LeannaHair@Onsitehomesnc.com

Authorized Onsite Wastewater Evaluator Information:

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 Location Information:

Site address: TBD Graham Mills Ln. Cameron, NC, 28326

Tax parcel identification number or subdivision lot, block number of property: 9575-01-0287

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: Leanna Hair

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: 4-17-25