

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 New ___ Expansion ___ Repair __ Relocation ___ Relocation 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 #19 (Magnolia Acres) 11 Little Gem Ln - Fuquay-Varina NC 27501
Tax parcel identification number or subdivision lot, block number of property: PIN# 0623-92-7758
County: Harnett
System Information: Accepted Status
Wastewater System Type: Type III (b)
Daily Design Flow: 360 gallons/day
Saprolite System:YesXNo Subsurface Operator Required:YesXNo
Water Supply Type:Private WellX Public Water Supply SpringOther:
Facility Type:
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:
Requird Attachments:
x Plat or Siteplan
x_ 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: James Rumley
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: Multiple ACHS Date: 5-19-25