



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: RiverWILD Homes

Mailing address: 114 W Main St City: Clayton State: NC Zip: 27520

Phone: 919-373-6048 Email: kelley@staywild.com

Authorized Onsite Wastewater Evaluator Information:

Name: Trent Bostic Certification #: 10056E

Mailing address: 501 N Salem St, Ste 203 City: Apex State: NC Zip: 27502

Phone: 919-367-6322 Email: tbostic@agriwaste.com

Site Location Information:

Site address: 11 Sundrops Trl, Dunn, NC 28334

Tax parcel identification number or subdivision lot, block number of property: 1509-12-0324

Alton Fields, Lot - 11 County: Harnett

System Information:

Wastewater System Type: IIIb

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:

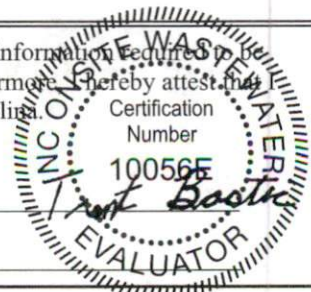
☒ Plat or Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 6 day of MAY, 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 6 day of MAY, 2028.

Signature of Authorized Onsite Wastewater Evaluator: Trent Bostic

Signature of Owner or Legal Representative: _____



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: 5-13-25