

SFD 2505-0119  
Revision



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: Caviness and Cates

Mailing address: 639 Executive Place Ste. 400 City: Fayetteville State: NC Zip: 28305

Phone: 910-709-9801 Email: pam@cavinessandcates.com

Authorized Onsite Wastewater Evaluator Information:

Name: Mike Eaker Certification #: 10013E

Mailing address: PO Box 9321 City: Fayetteville State: NC Zip: 28311

Phone: 910-822-4540 Email: Mike@southeasternsoil.com



Site Location Information:

Site address: 369 Hookbill Lane, Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property: Ducks Landing Lot 26

0527-52-1283.000 County: Harnett

System Information:

Wastewater System Type: Accepted (25% Reduction)

Daily Design Flow: 480 gpd

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 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 8 day of May, 2030.

Signature of Authorized Onsite Wastewater Evaluator: *Mike Eaker*

Signature of Owner or Legal Representative: *Pamela M. Jeddie*

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: *RETHS* Date: 7-24-25