



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: Cates Building

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: 402 Black Duck Lane, Lillington, NC 27546

Tax parcel identification number or subdivision lot, block number of property: Ducks Landing Lot 79

0527-51-6308.000 County: Harnett

System Information:

Wastewater System Type: Accepted (25% Reduction)

Daily Design Flow: 360 gpd

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ 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: _____

Required Attachments:

☒ Plat or Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 14 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 14 day of May, 2030.

Signature of Authorized Onsite Wastewater Evaluator: *Mike Eaker*

Signature of Owner or Legal Representative: *Pamela M Gaddis*

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: *John R. H.* Date: 5-21-25