



**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: BVA Builders, Inc.

Mailing address: 1300 Benson Rd, Suite 110 City: Garner State: NC Zip: 27529

Phone: 919-520-2181 Email: aford@vfgrealty.com

**Authorized Onsite Wastewater Evaluator Information:**

Name: Hal Owen Certification #: 10036E

Mailing address: PO Box 400 City: Lillington State: NC Zip: 27546

Phone: 910-893-8743 Email: hal@halowensoil.com

**Site Location Information:**

Site address: 150 Natchez Trace, Fuquay Varina, NC

Tax parcel identification number or subdivision lot, block number of property: \_\_\_\_\_

Captains Landing BLK 4, Lot 10 County: Harnett

**System Information:**

Wastewater System Type: Ilb (Accepted wastewater gravity system)

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 12 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 12 day of May, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Hal Owen

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: 6-3-25