

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: 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
Thens.
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 I meeting In Commentions
Site Location Information: Site address: 131 Dauphine St, Fuquay Varina, NC
Tax parcel identification number or subdivision lot, block number of property:
PIN 0613-34-7302 Captains Landing Subdivision- Blk 7, Lot 64 County: Harnett
System Information: Wastewater System Type: Illbg (Pump to Accepted Status 25% reduction) Daily Design Flow: 360 gpd Saprolite System: X Yes No Subsurface Operator Required: Yes X No Water Supply Type: Private Well X Public Water Supply Spring Other:
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:
Required Attachments: V Plat or Site Plan V Evaluation of Soil and Site Features by Licensed Soil Scientist
Attest: On this the 29 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 29 day of May , 2030 . Signature of Authorized Onsite Wastewater Evaluator:
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: Date: 6-3-25