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: SMITH DOUGLAS HOMES

Mailing address: 3412 Apex Peakway Dr. City: Apex State: NC Zip: 27502

Phone: _____ Email: _____

Authorized Onsite Wastewater Evaluator Information:

Name: Steve Bristow Certification #: 10012E

Mailing address: 920 Garner Rd City: Selma State: NC Zip: 27576

Phone: 919-906-4737 Email: stevebristow57@gmail.com

NC ONSITE WASTEWATER Certification Number 10012E EVALUATOR

Site Location Information:

Site address: 59 SAGE DR BROADWAY NC 27505

Tax parcel identification number or subdivision lot, block number of property: 9680-50-6368

County: HARNETT

System Information:

Wastewater System Type: IIb

Daily Design Flow: 360 GPD

Saprolite System: ____ Yes X 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:

X Plat or Site Plan

X Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 22 day of October, 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 22 day of October, 2030.

Signature of Authorized Onsite Wastewater Evaluator: Steve Bristow

Signature of Owner or Legal Representative: Will Smith

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: REHS Date: 10/22/25