



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: RiverWILD Homes

Mailing address: 114 W Main St City: Clayton State: NC Zip: 27520

Phone: 919-373-6048 Email: kelley@staywild.com

Authorized Onsite Wastewater Evaluator Information:

Name: Trent Bostic Certification #: 10056E

Mailing address: 501 N Salem St, Ste 203 City: Apex State: NC Zip: 27502

Phone: 919-367-6322 Email: tbostic@agriwaste.com

Site Location Information:

Site address: 53 Sundrops Trl, Dunn, NC 28334

Tax parcel identification number or subdivision lot, block number of property: 1509-12-0045

Alton Fields, Lot - 19 County: Harnett

System Information:

Wastewater System Type: IIIb

Daily Design Flow: 480

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 25 day of JUNE, 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 25 day of JUNE, 2028.

Signature of Authorized Onsite Wastewater Evaluator: Trent Bostic

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: 7-9-25