



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: Mattamy Homes, LLC

Mailing address: 11000 Regency Parkway, Suite 110 City: Cary State: NC Zip: 27518

Phone: 919-625-9546 Email: drew.brody@mattamycorp.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: 149 Mendenhall Dr

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

Riverfall SD, Ph 2, Lot 49 PIN 0682-17-9283.000 County: Harnett

System Information:

Wastewater System Type: IIb (Accepted wastewater gravity system)

Daily Design Flow: 480 gpd

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 5 day of November, 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 5 day of November, 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: 11-12-25