

## 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: Mattamy Homes, LLC	
Mailing address: 11000 Regency Parkway, Suite 110 <sub>City:</sub> Cary State: NC Zip:	
Authorized Onsite Wastewater Evaluator Information:  Name: Hal Owen  Mailing address: PO Box 400  City: Lillington  State: NC Zip: 27546	
Phone: 910-893-8743 Email: hal@halowensoil.com	
Site Location Information: Site address:  Tax parcel identification number or subdivision lot, block number of property:  Riverfall SD, Ph 2, Lot 31  County: Harnett	
System Information:  Wastewater System Type: IIIbg (Pump to Accepted Status 25% reduction)  Daily Design Flow: 480 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 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:  V Plat or Site Plan Evaluation of Soil and Site Features by Licensed Soil Scientist	
Attest: On this the 3 day of July , 2024 by signature below I hereby attest that the information reincluded with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereb have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.  This NOI shall expire on 3 day of July , 2029  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 Constrequired (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite 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:	5