



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: BVA ENTERPRISES INC & DBA BVA BUILDERS INC

Mailing address: 1300 BENSON RD STE 110 City: GARNER State: NC Zip: 27529

Phone: 919-389-6767 Email: ecampbell@bvabuilders.com

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



Steve Bristow

Site Location Information:

Site address: 0 CHARTES ST FUQUAY VARINA NC 27526

Tax parcel identification number or subdivision lot, block number of property: 0613-76-9235.000

County: HARNETT

System Information:

Wastewater System Type: 1lb

Daily Design Flow: 360 GPD

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☐ Private Well ☒ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ 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:

☒ Plat or Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 14 day of September, 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 14 day of September, 2030.

Signature of Authorized Onsite Wastewater Evaluator: *Steve Bristow*

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: 9/14/25