SFD 2549- 0453



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 Reloca	ationRelocation of Repair Area
Owner or Legal Representative Information:	
Name: BVA ENTERPRISES INC & DBA BVA BUILDERS INC	
Mailing address: 1300 BENSON RD STE 110City: GARNER	
Phone: 919-389-6767 Email: ecampbell@bvabuilder	s.com
Authorized Onsite Wastewater Evaluator Information:	
Name: Steve Bristow	Certification #: 10012E
Mailing address: 920 Garner Rd City: Selma	
Phone: 919-906-4737 Email: stevebristow57@gmail.	AL HATO AND
Site Location Information: Site address: 0 CHARTES ST FUQUAY VARINA NC 27576 Tax parcel identification number or subdivision lot, block number of property: 0613-86-0355.000 LOT 16 CAPTAIN'S LANDING County: HARNETT	
System Information: Wastewater System Type: IIId	
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:	
Province d Auto-devices	
Required Attachments: X Plat or Site Plan	
Evaluation of Soil and Site Features by Licensed Soil Scientist	
Attest: On this the 16 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 16 day of September, 2030 Signature of Authorized Onsite Wastewater Evaluator:	
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: 11 18 18 18 18 18 18 18 18 18 18 18 18	