

SFD 2509-0069



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: Douglas H. Brown

Mailing address: 4605 Tobaccoville Rd, Apt #3 City: Tobaccoville State: NC Zip: 27050

Phone: 240-577-4833 Email: braungroupintl@gmail.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: Cortez Morrison Rd

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

Parcel #1 PIN 0611-54-4223.000 County: Harnett

System Information:

Wastewater System Type: IIb (Accepted wastewater gravity system)

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 29th day of August, 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 29th day of August, 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