



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: MATAMY HOMES LLC
Mailing address: 11000 FLEMING PARKWAY City: CARY State: NC Zip: 27518
Phone: 919-233-3886 Email: PAUL@PAULREVIEW.COM MATAMYHOMES.COM

Authorized Onsite Wastewater Evaluator Information:

Name: DAVID E. MEIER Certification #: 10037E
Mailing address: 414 LAUREL EDGE DRIVE City: PAULSM State: NC Zip: 27612
Phone: 919-210-6547 Email: POTTER@YAHOO.COM

Site Location Information:

Site address: 105 CARABENA DRIVE (LOT 4)
Tax parcel identification number or subdivision lot, block number of property: 0645-07-0988
County: VALETT

System Information:

Wastewater System Type: ITB
Daily Design Flow: 450 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 0 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 19th day of Sept., 2015 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 19th day of Sept., 2016.

Signature of Authorized Onsite Wastewater Evaluator: [Signature]

Signature of Owner or Legal Representative: Drew Brody

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: 10/6/15