



## 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: James Rumley Name: Caruso Homes Mailing address: 110 Horizon Drive - Suite 320 City: Raleigh State: NC Zip: 27615 Phone: 240-886-3229 Email: jrumley@carusohomes.com					
Authorized Onsite Was Name: Alex Adams Mailing address: 1676 Phone: 919-414-6761			er	State: NC	on #: AOWE# 10021E Zip: 27501
Site Location Information: Site address: Lot #45 (Magnolia Acres) 841 Magnolia Acres Ln - Fuquay-Varina NC 27501 Tax parcel identification number or subdivision lot, block number of property: PIN# 0633-03-4069 County: Harnett					
System Information: Accepted Status Wastewater System Type: Type III (b) Daily Design Flow: 480 gallons/day Saprolite System:YesXNo					
Facility Type: X_Residential4 # Bedrooms8 Maximum # of Occupants Business					
Requird_Attachments:xPlat_or_Siteplanx Evaluation of Soil and Site Features by Licensed Soil Scientist					
Attest: On this the 3rd day of November 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 3rd day of November 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 Heal				har	AEHS Date: 11-13-25