

## 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 Re Name: Mattamy H Mailing address: 1 Phone: 919-625-9	Home 11000	es, LLC Regency	y Parkway, Su			State: NC _Zip: _27518 com
Authorized Onsite Name: Hal Owen Mailing address: F Phone: 910-893-8	PO Bo	ox 400		City:	Lillington	ation #: 10036E State: NC Zip: 27546
Site Location Information:  Site address:  Tax parcel identification number or subdivision lot, block number of property:  Riverfall SD, Ph 2, Lot 38County:						
System Information:  Wastewater System Type: Illbg (Pump to Accepted Status 25% reduction)  Daily Design Flow: 480 gpd  Saprolite System: Yes X No Subsurface Operator Required: Yes X No  Water Supply Type: Private Well X Public Water Supply Spring Other:						
Facility Type:  X Residential 4 # Bedrooms 8 Maximum # of Occupants  Business Type of Business and Basis for Flow:  Public Assembly Type of Public Assembly and Basis for Flow:						
Required Attachments:						
Attest: On this the 31 day of July , 2024 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 31 day of July , 2029  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:						
Local Health Depart Signature of Local					Moha	REHS Date: 11-24-25